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     FILE 'REGISTRY' ENTERED AT 11:23:10 ON 01 JUN 2010
L1            1 S ABAPERIDONE/CN
L2           10 S BELAPERIDONE/CN OR CLOZAPINE/CN OR ILOPERIDONE/CN OR OLANZAPI
L3            1 S SERTINDOLE/CN

     FILE 'HCAPLUS' ENTERED AT 11:25:32 ON 01 JUN 2010
L4        15617 S L1/THU OR L2/THU OR L3/THU OR ANTIPSYCHOTIC
L5        99986 S SSRI OR SEROTONIN OR ANTIDEPRESSANT
L6         2906 S L4 AND L5
L7       104387 S DEPRESSION OR MDD OR DEPRESSIVE
L8          843 S L6 AND L7
L9         8483 S L1/THU OR L2/THU OR L3/THU OR (ATYPICAL ANTIPSYCHOTIC) OR ARI
L10        1518 S L5 AND L9
L11         457 S L7 AND L10
L12          89 S L11 AND (PY<2003 OR AY<2003 OR PRY<2003)
L13        9038 S SUICIDE OR SUICIDAL OR SUICIDALITY
L14           5 S L12 AND L13

     FILE 'STNGUIDE' ENTERED AT 11:27:40 ON 01 JUN 2010

     FILE 'HCAPLUS' ENTERED AT 11:28:34 ON 01 JUN 2010
L15          62 S L11 AND (PY<2002 OR AY<2002 OR PRY<2002)
L16        2105 S DOPAMINE AND D4
L17         219 S L9 AND L16
L18         101 S L17 AND (PY<2002 OR AY<2002 OR PRY<2002)
L19        1775 S DOPAMINE (3A) D4
L20         179 S L9 AND L19
L21          75 S L20 AND (PY<2002 OR AY<2002 OR PRY<2002)
L22      115310 S DEPRESSION OR ANTIDEPRESSANT
L23           3 S L21 AND L22
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=> file reg
COST IN U.S. DOLLARS                                SINCE FILE      TOTAL
                                                         ENTRY    SESSION
FULL ESTIMATED COST                                       0.22       0.22

FILE 'REGISTRY' ENTERED AT 11:23:10 ON 01 JUN 2010
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PLEASE SEE "HELP USAGETERMS" FOR DETAILS.
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provided by InfoChem.

STRUCTURE FILE UPDATES:   31 MAY 2010  HIGHEST RN 1226488-46-5
DICTIONARY FILE UPDATES:  31 MAY 2010  HIGHEST RN 1226488-46-5

New CAS Information Use Policies, enter HELP USAGETERMS for details.

TSCA INFORMATION NOW CURRENT THROUGH January 8, 2010.

  Please note that search-term pricing does apply when
  conducting SmartSELECT searches.

REGISTRY includes numerically searchable data for experimental and
predicted properties as well as tags indicating availability of
experimental property data in the original document.  For information
on property searching in REGISTRY, refer to:

http://www.cas.org/support/stngen/stndoc/properties.html

=> s abaperidone/cn
L1            1 ABAPERIDONE/CN

=> s belaperidone/cn or clozapine/cn or iloperidone/cn or olanzapine/cn or
perospirone/cn or risperidone/cn or sertindone/cn or tiospirone/cn or
ziprasidone/cn or zotepine/cn or quetiapine/cn or blonaserin/cn
              1 BELAPERIDONE/CN
              1 CLOZAPINE/CN
              1 ILOPERIDONE/CN
              1 OLANZAPINE/CN
              1 PEROSPIRONE/CN
              1 RISPERIDONE/CN
              0 SERTINDONE/CN
              1 TIOSPIRONE/CN
              1 ZIPRASIDONE/CN
              1 ZOTEPINE/CN
              1 QUETIAPINE/CN
              0 BLONASERIN/CN
L2           10 BELAPERIDONE/CN OR CLOZAPINE/CN OR ILOPERIDONE/CN OR OLANZAPINE/
                CN OR PEROSPIRONE/CN OR RISPERIDONE/CN OR SERTINDONE/CN OR TIOSP
                IRONE/CN OR ZIPRASIDONE/CN OR ZOTEPINE/CN OR QUETIAPINE/CN OR
                BLONASERIN/CN

=> s sertindole/cn
L3            1 SERTINDOLE/CN

=> file hcaplus
COST IN U.S. DOLLARS                                SINCE FILE      TOTAL
                                                         ENTRY    SESSION
FULL ESTIMATED COST                                      78.96      79.18
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FILE 'HCAPLUS' ENTERED AT 11:25:32 ON 01 JUN 2010
USE IS SUBJECT TO THE TERMS OF YOUR STN CUSTOMER AGREEMENT.
PLEASE SEE "HELP USAGETERMS" FOR DETAILS.

FILE COVERS 1907 - 1 Jun 2010 VOL 152 ISS 23
FILE LAST UPDATED: 31 May 2010 (20100531/ED)
REVISED CLASS FIELDS (/NCL) LAST RELOADED: Apr 2010
USPTO MANUAL OF CLASSIFICATIONS THESAURUS ISSUE DATE: Apr 2010

HCAplus now includes complete International Patent Classification (IPC)
reclassification data for the second quarter of 2010.

CAS Information Use Policies apply and are available at:

http://www.cas.org/legal/infopolicy.html

This file contains CAS Registry Numbers for easy and accurate
substance identification.

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=> s l1/thu or l2/thu or l3/thu or antipsychotic
            12 L1
       1247350 THU/RL
            10 L1/THU
                 (L1 (L) THU/RL)
          9782 L2
       1247350 THU/RL
          6573 L2/THU
                 (L2 (L) THU/RL)
           444 L3
       1247350 THU/RL
           344 L3/THU
                 (L3 (L) THU/RL)
         13181 ANTIPSYCHOTIC
L4       15617 L1/THU OR L2/THU OR L3/THU OR ANTIPSYCHOTIC

=> s SSRI or serotonin or antidepressant
          2313 SSRI
         80585 SEROTONIN
         25756 ANTIDEPRESSANT
L5       99986 SSRI OR SEROTONIN OR ANTIDEPRESSANT

=> s l4 and l5
L6        2906 L4 AND L5

=> s depression or MDD or depressive
         99682 DEPRESSION
          1187 MDD
         11633 DEPRESSIVE
L7      104387 DEPRESSION OR MDD OR DEPRESSIVE
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=> s l6 and l7
L8         843 L6 AND L7

=> s l1/thu or l2/thu or l3/thu or (atypical antipsychotic) or aripiprazole
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       1247350 THU/RL
            10 L1/THU
                 (L1 (L) THU/RL)
          9782 L2
       1247350 THU/RL
          6573 L2/THU
                 (L2 (L) THU/RL)
           444 L3
       1247350 THU/RL
           344 L3/THU
                 (L3 (L) THU/RL)
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         13181 ANTIPSYCHOTIC
          2614 ATYPICAL ANTIPSYCHOTIC
                 (ATYPICAL(W)ANTIPSYCHOTIC)
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L9         8483 L1/THU OR L2/THU OR L3/THU OR (ATYPICAL ANTIPSYCHOTIC) OR ARIPIP
                RAZOLE

=> s l5 and l9
L10        1518 L5 AND L9

=> s l7 and l10
L11         457 L7 AND L10

=> s l11 and (PY<2003 or AY<2003 or PRY<2003)
      22998897 PY<2003
       4531400 AY<2003
       4002027 PRY<2003
L12          89 L11 AND (PY<2003 OR AY<2003 OR PRY<2003)

=> s suicide or suicidal or suicidality
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          1742 SUICIDAL
           218 SUICIDALITY
L13        9038 SUICIDE OR SUICIDAL OR SUICIDALITY

=> s l12 and l13
L14           5 L12 AND L13

=> d l14 1-5 ti abs bib

L14  ANSWER 1 OF 5  HCAPLUS  COPYRIGHT 2010 ACS on STN
TI   Method of using a cyclooxygenase 2 (COX-2) inhibitor and a 5-HT1A receptor
     modulator as a combination therapy for pain, inflammation, and other
     conditions
AB   Compns. and methods to treat or prevent pain, inflammation, or
     inflammation-related disorder, as well as a neurol. disorder involving
     neurodegeneration involve a combination of a COX-2 inhibitor and a 5-HT1A
     receptor modulator.
AN   2004:452952  HCAPLUS <<LOGINID::20100601>>
DN   141:1296
TI   Method of using a cyclooxygenase 2 (COX-2) inhibitor and a 5-HT1A receptor
     modulator as a combination therapy for pain, inflammation, and other
     conditions
```

IN Stephenson, Diane T.; Taylor, Duncan P.
PA Pharmacia Corporation, USA
SO PCT Int. Appl., 195 pp.
    CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	WO 2004045509	A2	20040603	WO 2003-US35739	20031111 <--
	WO 2004045509	A3	20040826		

        W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN,
            CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD, GE,
            GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK,
            LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NI, NO, NZ,
            OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, SY, TJ, TM,
            TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW
        RW: BW, GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ,
            BY, KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK, EE,
            ES, FI, FR, GB, GR, HU, IE, IT, LU, MC, NL, PT, RO, SE, SI, SK,
            TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG

	US 20040147581	A1	20040729	US 2003-702403	20031105 <--
	AU 2003295431	A1	20040615	AU 2003-295431	20031111 <--
PRAI	US 2002-427198P	P	20021118 <--		
	WO 2003-US35739	W	20031111		

OSC.G 13 THERE ARE 13 CAPLUS RECORDS THAT CITE THIS RECORD (16 CITINGS)
RE.CNT 2 THERE ARE 2 CITED REFERENCES AVAILABLE FOR THIS RECORD
           ALL CITATIONS AVAILABLE IN THE RE FORMAT

L14 ANSWER 2 OF 5 HCAPLUS COPYRIGHT 2010 ACS on STN
TI Combination therapy for depression, prevention of
    suicide, and various medical and psychiatric conditions
AB The present invention relates to a new method of treatment for persons
    meeting diagnoses for major depressive disorder, or other
    unipolar (non-bipolar, nonpsychotic and non-treatment resistant)
    depression. The method comprises administering a combination of
    two categories of drugs, antipsychotics or dopamine system stabilizers, in
    combination with a newer antidepressant such as a selective
    serotonin reuptake inhibitor, as initial treatment or as soon as
    possible. The method targets the prevention of suicide, and
    provides other benefits including preventing disease progression
    development of tolerance toward the antidepressants. Another aspect of
    the invention relates to using the method for alleviating cognitive
    distortion and related functional impairment or health risks, and/or using
    the method for smoking cessation or nicotine withdrawal.
AN 2004:100942 HCAPLUS <<LOGINID::20100601>>
DN 140:139528
TI Combination therapy for depression, prevention of
    suicide, and various medical and psychiatric conditions
IN Migaly, Peter
PA USA
SO PCT Int. Appl., 28 pp.
    CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	WO 2004010932	A2	20040205	WO 2003-US23326	20030725 <--
	WO 2004010932	A3	20040722		

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CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH,
GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR,
LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, OM, PH,
PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, TJ, TM, TN, TR, TT, TZ,
UA, UG, UZ, VC, VN, YU, ZA, ZM, ZW
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY,
KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES,
FI, FR, GB, GR, HU, IE, IT, LU, MC, NL, PT, RO, SE, SI, SK, TR,
BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG

CA	2529857	A1	20040205	CA 2003-2529857	20030725 <--
AU	2003268026	A1	20040216	AU 2003-268026	20030725 <--
US	20040204401	A1	20041014	US 2003-627358	20030725 <--
EP	1551393	A2	20050713	EP 2003-748977	20030725 <--
R:	AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL, TR, BG, CZ, EE, HU, SK				
MX	2005000294	A	20050819	MX 2005-294	20050104 <--
PRAI US	2002-319436P	P	20020730	<--	
US	2003-627358	A	20030725		
WO	2003-US23326	W	20030725		

OSC.G 5 THERE ARE 5 CAPLUS RECORDS THAT CITE THIS RECORD (5 CITINGS)
RE.CNT 2 THERE ARE 2 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L14 ANSWER 3 OF 5 HCAPLUS COPYRIGHT 2010 ACS on STN
TI Putting metabolic side effects into perspective: Risks versus benefits of atypical antipsychotics
AB A review. The lengthy list of the side effects and morbidity associated with the atypical antipsychotics might make a patient with psychosis and his or her caregivers so concerned about the use of any of these medications, particularly those associated with a higher risk of diabetes, weight gain, or increased lipid levels, that they would prefer to avoid all of them. However, schizophrenia is associated with a relatively high risk for several diseases, including diabetes, that is independent of the risks that are linked to atypical antipsychotic use. Therefore, the clinician who might think, "Why use atypicals if using the typical drugs will escape the problems of monitoring and all the associated effects of diabetes and hyperglycemia" needs to know that these problems cannot be avoided simply by choosing typical antipsychotics. Clinicians, patients, and concerned family members must balance the significant benefits of atypical antipsychotic treatment - improved cognition, reduced suicidality, and less depression - against the risks of metabolic disturbances and select a course of treatment that includes a realistic monitoring program.
AN 2002:75124 HCAPLUS <<LOGINID::20100601>>
DN 136:272542
TI Putting metabolic side effects into perspective: Risks versus benefits of atypical antipsychotics
AU Meltzer, Herbert Y.
CS Department of Psychiatry and Pharmacology, Division of Psychopharmacology, Vanderbilt University Medical Center, Nashville, TN, 37212, USA
SO Journal of Clinical Psychiatry (2001), 62(Suppl. 27), 35-39
CODEN: JCLPDE; ISSN: 0160-6689
PB Physicians Postgraduate Press, Inc.
DT Journal; General Review
LA English
OSC.G 6 THERE ARE 6 CAPLUS RECORDS THAT CITE THIS RECORD (6 CITINGS)
RE.CNT 47 THERE ARE 47 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L14 ANSWER 4 OF 5 HCAPLUS COPYRIGHT 2010 ACS on STN
TI Treatment of suicidality in schizophrenia

AB A review with 48 refs. Between 4 and 13% of people with schizophrenia commit suicide and between 25 and 50% make a suicide attempt, a reflection of the devastating toll this syndrome takes on the quality of life, i.e., the subjective and objective sense of well-being. Many risk factors for suicide in schizophrenia have been identified, the most important of which are previous suicide attempts, depression, hopelessness, substance abuse, and male gender. Insight into having a serious mental illness and less severe cognitive impairment are also associated with increased risk for suicide in schizophrenia, most likely when accompanied by feelings of hopelessness. Typical neuroleptic drugs have not been shown to reduce the risk of suicide. However, several types of evidence suggest that clozapine, an atypical antipsychotic drug, appreciably reduces the suicide attempt and completion rates in schizophrenia and schizo-affective disorder, perhaps by as much as 75-85%. Other atypical antipsychotic drugs may have a similar effect, but direct evidence is lacking. Improvement in pos. and neg. symptoms, reduced extrapyramidal side effects (EPS), a direct antidepressant action, improved cognitive function, and improved compliance may contribute to reduced suicidality. The International Suicide Prevention Trial (InterSePT) is a large prospective, randomized study intended to compare the effectiveness of clozapine with that of olanzapine in reducing suicide and suicide-related events in schizophrenic and schizoaffective patients. Some information about suicidality in the patient sample is reported here.
AN 2001:480353 HCAPLUS <<LOGINID::20100601>>
DN 135:266558
TI Treatment of suicidality in schizophrenia
AU Meltzer, Herbert Y.
CS Division of Psychopharmacology, Vanderbilt University School of Medicine, Nashville, TN, 37212, USA
SO Annals of the New York Academy of Sciences (2001), 932(Clinical Science of Suicide Prevention), 44-60
CODEN: ANYAA9; ISSN: 0077-8923
PB New York Academy of Sciences
DT Journal; General Review
LA English
OSC.G 12 THERE ARE 12 CAPLUS RECORDS THAT CITE THIS RECORD (12 CITINGS)
RE.CNT 48 THERE ARE 48 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L14 ANSWER 5 OF 5 HCAPLUS COPYRIGHT 2010 ACS on STN
TI Olanzapine: Preclinical and clinical profiles of a novel antipsychotic agent
AB A review with 278 refs. The novel antipsychotic agent olanzapine (Zyprexa, Eli Lilly and Company) is a thienobenzodiazepine analog marketed for the treatment of schizophrenia. Olanzapine's diverse receptor binding profile and greater affinity for serotonin receptors over dopamine receptors is thought to impart antipsychotic efficacy with a low incidence of serious extrapyramidal symptoms (EPS). With once daily dosing steady-state plasma concns. reached within approx. 1 wk. Olanzapine is extensively metabolized by the liver, is mostly excreted in the urine, and has few drug intractions. In clin. trials, the efficacy of olanzapine for treating schizophrenia is better than placebo and haloperidol and comparable to risperidone. Olanzapine may also ameliorate some comorbid symptoms including neg. symptoms, depression, anxiety, substance abuse, and cognitive dysfunction, and it is effective in the long-term maintenance of response, treatment-resistance, and improving quality of life. The overall direct costs are lower with olanzapine treatment compared with haloperidol or risperidone treatment.

In clin. trials, olanzapine demonstrates a favorable safety profile. The most frequently reported treatment-emergent adverse events are somnolence, schizophrenic reaction, insomnia, headache, agitation, rhinitis, and weight gain. Significantly fewer EPS (based on formal rating scales) and incidences of tardive dyskinesia have been reported for olanzapine compared with haloperidol. Olanzapine has not been associated with persistent elevations of prolactin above the upper limit of normal nor has it been associated with clin. significant changes in cardiac QTc interval. Fewer incidences of suicide attempts have been reported with olanzapine compared with placebo, haloperidol, or risperidone treatments. There is evidence that olanzapine may be effective in the treatment of mood disorders, psychosis associated with. Alzheimer's disease, obsessive-compulsive disorder, pervasive developmental disorders, and delirium. Patients with schizophrenia have been successfully switched from other antipsychotics to olanzapine. In conclusion, olanzapine offers a significantly improved risk-to-benefit profile compared with haloperidol and possibly risperidone, and thus should be considered an important treatment option for schizophrenia and related disorders.

AN 2001:49031 HCAPLUS <<LOGINID::20100601>>
DN 135:86379
TI Olanzapine: Preclinical and clinical profiles of a novel antipsychotic agent
AU Tollefson, Gary D.; Taylor, Cindy C.
CS Lilly Research Laboratories Lilly Corporate Center, Eli Lilly and Company, Indianapolis, IN, 46285, USA
SO CNS Drug Reviews (2000), 6(4), 303-363
CODEN: CDREFB; ISSN: 1080-563X
PB Neva Press
DT Journal; General Review
LA English
OSC.G 2 THERE ARE 2 CAPLUS RECORDS THAT CITE THIS RECORD (2 CITINGS)
RE.CNT 278 THERE ARE 278 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

=> file stnguide

COST IN U.S. DOLLARS	SINCE FILE ENTRY	TOTAL SESSION
FULL ESTIMATED COST	27.14	106.32

DISCOUNT AMOUNTS (FOR QUALIFYING ACCOUNTS)	SINCE FILE ENTRY	TOTAL SESSION
CA SUBSCRIBER PRICE	-4.25	-4.25

FILE 'STNGUIDE' ENTERED AT 11:27:40 ON 01 JUN 2010

FILE CONTAINS CURRENT INFORMATION.
LAST RELOADED: May 28, 2010 (20100528/UP).

=> file hcaplus

COST IN U.S. DOLLARS	SINCE FILE ENTRY	TOTAL SESSION
FULL ESTIMATED COST	0.14	106.46

DISCOUNT AMOUNTS (FOR QUALIFYING ACCOUNTS)	SINCE FILE ENTRY	TOTAL SESSION
CA SUBSCRIBER PRICE	0.00	-4.25

FILE 'HCAPLUS' ENTERED AT 11:28:34 ON 01 JUN 2010

FILE COVERS 1907 - 1 Jun 2010 VOL 152 ISS 23
FILE LAST UPDATED: 31 May 2010 (20100531/ED)
REVISED CLASS FIELDS (/NCL) LAST RELOADED: Apr 2010
USPTO MANUAL OF CLASSIFICATIONS THESAURUS ISSUE DATE: Apr 2010

HCAplus now includes complete International Patent Classification (IPC)
reclassification data for the second quarter of 2010.

This file contains CAS Registry Numbers for easy and accurate
substance identification.

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=> s l11 and (PY<2002 or AY<2002 or PRY<2002)
      22006893 PY<2002
       4244485 AY<2002
       3713094 PRY<2002
L15         62 L11 AND (PY<2002 OR AY<2002 OR PRY<2002)

=> d l15 1-62 ti abs bib
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L15 ANSWER 1 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN
TI Methods and compositions using cyclooxygenase 2 (COX-2) inhibitors for the treatment of psychiatric disorders, and combination therapies
AB A method for the prevention, treatment, or inhibition of a psychiatric disorder, in particular schizophrenia, is described which comprises administering a COX-2 inhibitor or prodrug thereof to a subject. Moreover, a method for the prevention, treatment, or inhibition of a psychiatric disorder, in particular schizophrenia or depressive disorders, is disclosed comprising administering to a subject a COX-2 inhibitor or prodrug thereof in combination with a neuroleptic drug or an antidepressant. Compns. and kits that are suitable for the practice of the method are also described.
AN 2006:740188 HCAPLUS <<LOGINID::20100601>>
DN 145:159849
TI Methods and compositions using cyclooxygenase 2 (COX-2) inhibitors for the treatment of psychiatric disorders, and combination therapies
IN Muller, Norbert
PA Germany
SO U.S. Pat. Appl. Publ., 34 pp., Cont.-in-part of U.S. Ser. No. 157,969.
CODEN: USXXCO
DT Patent
LA English
FAN.CNT 3

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	US 20060167074	A1	20060727	US 2005-320757	20051230 <--
	US 20030130334	A1	20030710	US 2002-157969	20020531 <--
	EP 1627639	A2	20060222	EP 2005-24864	20020531 <--
	EP 1627639	A3	20060927		
	EP 1627639	B1	20091223		
	R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL, TR				
	JP 2008297308	A	20081211	JP 2008-188890	20080722 <--
PRAI	DE 2001-10129328	A	20010619	<--	
	US 2002-364904P	P	20020314		
	US 2002-157969	A2	20020531		
	DE 2001-10129320	A	20010619	<--	
	EP 2002-738138	A3	20020531		
	JP 2003-504886	A3	20020531		
OS	MARPAT 145:159849				

L15 ANSWER 2 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN
TI Combination therapy for treatment of refractory depression
AB The invention provides methods and compns. for the treatment of depressive states refractory to treatment with traditional anti-depressive therapies alone. These methods and compns. employ a compound having activity as an atypical antipsychotic and a serotonin reuptake inhibitor. This invention also provides methods of providing rapid onset treatments of major depression which employing a compound having activity as an atypical antipsychotic and a serotonin reuptake inhibitor.
AN 2003:892442 HCAPLUS <<LOGINID::20100601>>
DN 139:345944
TI Combination therapy for treatment of refractory depression
IN Tollefson, Gary Dennis
PA Eli Lilly and Company, USA
SO U.S. Pat. Appl. Publ., 10 pp.
CODEN: USXXCO
DT Patent
LA English
FAN.CNT 2

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	US 20030212060	A1	20031113	US 2002-144159	20020510 <--
	US 6960577	B2	20051101		
	CA 2332814	A1	19991202	CA 1999-2332814	19990521 <--
	CA 2332814	C	20081104		
	WO 9961027	A1	19991202	WO 1999-US11276	19990521 <--
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	RW: GH, GM, KE, LS, MW, SD, SL, SZ, UG, ZW, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
	AU 9940086	A	19991213	AU 1999-40086	19990521 <--
	AU 761510	B2	20030605		
	BR 9911049	A	20010206	BR 1999-11049	19990521 <--
	HU 2001001901	A2	20011128	HU 2001-1901	19990521 <--
	HU 2001001901	A3	20020628		
	JP 2002516282	T	20020604	JP 2000-550487	19990521 <--
	NZ 507980	A	20031031	NZ 1999-507980	19990521 <--
	IL 139592	A	20050831	IL 1999-139592	19990521 <--
	IN 2000KN00476	A	20050311	IN 2000-KN476	20001106 <--

	MX 2000011353	A	20010419	MX 2000-11353	20001117 <--
	HR 2000000797	A2	20011031	HR 2000-797	20001120 <--
	NO 2000005885	A	20010117	NO 2000-5885	20001121 <--
	HK 1040055	A1	20050401	HK 2002-101563	20020228 <--
PRAI	US 1998-86444P	P	19980522 <--		
	WO 1999-US11276	W	19990521 <--		
	US 2000-700254	B1	20001109 <--		

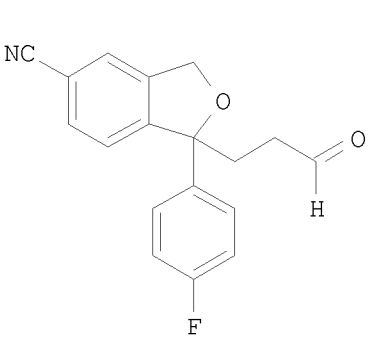
OSC.G 3 THERE ARE 3 CAPLUS RECORDS THAT CITE THIS RECORD (3 CITINGS)

L15 ANSWER 3 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN
TI Methods and compositions using a cyclooxygenase 2 (COX-2) inhibitor for the treatment of psychiatric disorders
AB A method for the prevention, treatment, or inhibition of a psychiatric disorder, in particular schizophrenia, is described which comprises administering a COX-2 inhibitor, or prodrug thereof, to a subject. Moreover, a method for the prevention, treatment, or inhibition of a psychiatric disorder, in particular schizophrenia or a depressive disorder, is disclosed, comprising administering to a subject a COX-2 inhibitor or prodrug thereof in combination with a neuroleptic drug or an antidepressant. Compns. and kits that are suitable for the practice of the method are also described.
AN 2003:532347 HCAPLUS <<LOGINID::20100601>>
DN 139:79173
TI Methods and compositions using a cyclooxygenase 2 (COX-2) inhibitor for the treatment of psychiatric disorders
IN Muller, Norbert
PA Germany
SO U.S. Pat. Appl. Publ., 27 pp.
CODEN: USXXCO
DT Patent
LA English
FAN.CNT 3

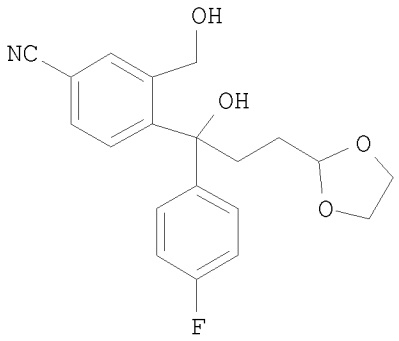
	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	US 20030130334	A1	20030710	US 2002-157969	20020531 <--
	EP 1627639	A2	20060222	EP 2005-24864	20020531 <--
	EP 1627639	A3	20060927		
	EP 1627639	B1	20091223		
	R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL, TR				
	US 20060167074	A1	20060727	US 2005-320757	20051230 <--
	JP 2008297308	A	20081211	JP 2008-188890	20080722 <--
PRAI	DE 2001-10129328	A	20010619 <--		
	US 2002-364904P	P	20020314		
	DE 2001-10129320	A	20010619 <--		
	EP 2002-738138	A3	20020531		
	JP 2003-504886	A3	20020531		
	US 2002-157969	A2	20020531		

OS MARPAT 139:79173

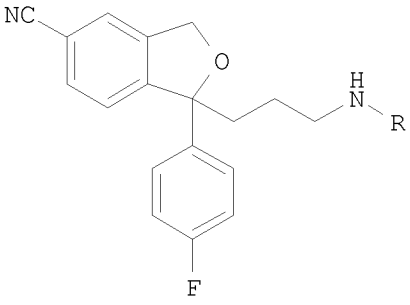
L15 ANSWER 4 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN
TI Methods for treating depression and other CNS disorders using enantiomerically enriched desmethyl- and didesmethyl- metabolites of citalopram
GI



I



II



III

AB This invention relates to the preparation of I and II and derivs. of I and II in their racemic, enantiomerically enriched, or optically pure forms. This invention further relates to novel compns. of matter containing enantiomerically enriched (-)-desmethylcitalopram (-)-III (R = Me), (+)-didesmethylcitalopram (+)-III (R = Me), or (-)-didesmethylcitalopram (-)-III (R = H) or mixts. thereof in optimal ratios. Contrary to prior teachings, the enantiomerically enriched citalopram metabolites disclosed herein possess potent serotonin reuptake inhibitory activity, with minimal inhibitory effects on the reuptake of other known monoamines, e.g., norepinephrine (NE) or dopamine (DA). For example, stepwise reaction of 1-oxo-1,3-dihydroisobenzofuran-5-carbonitrile with 4-fluorophenylmagnesium bromide and the chiral Grignard reagent, which was prepared from 2-(2-bromoethyl)-[1,3]dioxolane and Mg powder, in THF gave II. Cyclization using mesyl chloride in CH_2Cl_2, followed by reduction provided the I. Reaction of the aldehyde with (-)-tert-butylsulfinamide in the presence of $Ti(OEt)_4$ in EtOH afforded the sulfinamide, which was reduced to the amine III (R = H) with 10% HCl in MeOH. Protection of the amine with BOC anhydride in the presence of TEA in CH_2Cl_2 provided the enantiomerically enriched isomers, which were separated on a chiral column and subsequently deprotected with TFA to give (+)-III (R = H) and (-)-III (R = H). In biol. assays, (-)-III (R = H) and (+)-III (R = H) strongly inhibited serotonergic 5-HT receptor activity with Ki values of 5.8 nM and 90 nM, resp., with little effect on NE and DA transporter activity. By comparison, racemic citalopram inhibited serotonin reuptake with a Ki of 3.9 nM. The present invention also discloses methods for treating disorders, dysfunctions and diseases for which inhibition of serotonin reuptake is therapeutically beneficial. In particular, the present invention discloses a method for treating various forms of depression and other CNS disorders with pharmaceutical compns. described herein.

AN 2003:376842 HCAPLUS <<LOGINID::20100601>>
DN 138:385297

TI Methods for treating depression and other CNS disorders using

enantiomerically enriched desmethyl- and didesmethyl- metabolites of citalopram

IN Bush, Larry R.; Currie, Mark G.; Senanayake, Chris H.; Fang, Kevin Q.

PA Sepracor, Inc., USA

SO PCT Int. Appl., 58 pp.
CODEN: PIXXD2

DT Patent

LA English

FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	WO 2003040121	A1	20030515	WO 2002-US35408	20021105 <--
	W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, OM, PH, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VN, YU, ZA, ZM, ZW				
	RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZM, ZW, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG				
	CA 2465186	A1	20030515	CA 2002-2465186	20021105 <--
	AU 2002356903	A1	20030519	AU 2002-356903	20021105 <--
	AU 2002356903	A2	20030519		
	EP 1446396	A1	20040818	EP 2002-802848	20021105 <--
	R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL, TR, BG, CZ, EE, SK				
	BR 2002013949	A	20040831	BR 2002-13949	20021105 <--
	HU 2004001934	A2	20050128	HU 2004-1934	20021105 <--
	HU 2004001934	A3	20070529		
	JP 2005510518	T	20050421	JP 2003-542167	20021105 <--
	CN 1705654	A	20051207	CN 2002-822084	20021105 <--
	NZ 532478	A	20070223	NZ 2002-532478	20021105 <--
	IN 2004KN00505	A	20060616	IN 2004-KN505	20040419 <--
	ZA 2004003409	A	20051026	ZA 2004-3409	20040505 <--
	MX 2004004368	A	20040811	MX 2004-4368	20040507 <--
	US 20040266864	A1	20041230	US 2004-842055	20040507 <--
	NO 2004002013	A	20040514	NO 2004-2013	20040514 <--
PRAI	US 2001-337608P	P	20011108 <--		
	WO 2002-US35408	W	20021105		

OSC.G 1 THERE ARE 1 CAPLUS RECORDS THAT CITE THIS RECORD (1 CITINGS)

RE.CNT 5 THERE ARE 5 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L15 ANSWER 5 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN

TI Use of cyclooxygenase 2 (COX-2) inhibitors for the treatment of schizophrenia, delusional disorders, affective disorders, autism, or tic disorders

AB The invention discloses the use of a COX-2 inhibitor for the treatment of psychiatric disorders, e.g. schizophrenia, delusional disorders, affective disorders, autism or tic disorders, in particular chronic schizophrenic psychoses and schizoaffective psychoses, temporary acute psychotic disorders, depressive episodes, recurring depressive episodes, manic episodes and bipolar affective disorders. Moreover, the invention discloses the use of a COX-2 inhibitor, in particular celecoxib, in combination with a neuroleptic drug, in particular risperidone, or an antidepressant, for the treatment of psychiatric disorders such as schizophrenia, delusional disorders, affective disorders, autism or tic disorders.

AN 2002:977588 HCAPLUS <<LOGINID::20100601>>

DN 138:33362
TI Use of cyclooxygenase 2 (COX-2) inhibitors for the treatment of schizophrenia, delusional disorders, affective disorders, autism, or tic disorders
IN Muller, Norbert
PA Germany
SO PCT Int. Appl., 58 pp.
CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 3

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	WO 2002102297	A2	20021227	WO 2002-EP6013	20020531 <--
	WO 2002102297	A3	20030501		
	W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, OM, PH, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VN, YU, ZA, ZM, ZW				
	RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG				
	DE 10129320	A1	20030410	DE 2001-10129320	20010619 <--
	CA 2448025	A1	20021227	CA 2002-2448025	20020531 <--
	AU 2002312967	A1	20030102	AU 2002-312967	20020531 <--
	EP 1397145	A2	20040317	EP 2002-738138	20020531 <--
	EP 1397145	B1	20060906		
	R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL, TR				
	JP 2004534066	T	20041111	JP 2003-504886	20020531 <--
	JP 4205577	B2	20090107		
	EP 1627639	A2	20060222	EP 2005-24864	20020531 <--
	EP 1627639	A3	20060927		
	EP 1627639	B1	20091223		
	R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL, TR				
	AP 1512	A	20060228	AP 2003-2934	20020531 <--
	W: BW, GM, GH, KE, LS, MW, MZ, SL, SD, SZ, TZ, UG, ZM, ZW				
	AT 338557	T	20060915	AT 2002-738138	20020531 <--
	PT 1397145	E	20061031	PT 2002-738138	20020531 <--
	ES 2271269	T3	20070416	ES 2002-738138	20020531 <--
	AT 452642	T	20100115	AT 2005-24864	20020531 <--
	PT 1627639	E	20100301	PT 2005-24864	20020531 <--
	ES 2336682	T3	20100415	ES 2005-24864	20020531 <--
	US 20040204469	A1	20041014	US 2004-480600	20040205 <--
	JP 2008297308	A	20081211	JP 2008-188890	20080722 <--
PRAI	DE 2001-10129320	A	20010619	<--	
	US 2002-364904P	P	20020314		
	EP 2002-738138	A3	20020531		
	JP 2003-504886	A3	20020531		
	WO 2002-EP6013	W	20020531		

OS MARPAT 138:33362
OSC.G 5 THERE ARE 5 CAPLUS RECORDS THAT CITE THIS RECORD (5 CITINGS)
RE.CNT 2 THERE ARE 2 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L15 ANSWER 6 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN
TI Atypical antipsychotic-antidepressant

combination for treatment of depression, obsessive compulsive disorder, and psychosis

AB The invention provides a method for treating depression, obsessive compulsive disorder, and psychosis in a mammal, including a human, by administering to the mammal an atypical antipsychotic in combination with an antidepressant agent with improvement in efficiency. It also provides pharmaceutical compns. containing a pharmaceutically acceptable carrier, an atypical antipsychotic, and a serotonin reuptake inhibitor.

AN 2002:674788 HCAPLUS <<LOGINID::20100601>>

DN 137:195595

TI Atypical antipsychotic-antidepressant combination for treatment of depression, obsessive compulsive disorder, and psychosis

IN Howard, Harry R., Jr.

PA Pfizer Inc., USA

SO U.S. Pat. Appl. Publ., 20 pp.
CODEN: USXXCO

DT Patent

LA English

FAN.CNT 1

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI US 20020123490	A1	20020905	US 2001-10651	20011206 <--
EP 1238676	A1	20020911	EP 2002-251153	20020220 <--
EP 1238676	B1	20040519		
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL, TR				
AT 267021	T	20040615	AT 2002-251153	20020220 <--
PT 1238676	E	20040831	PT 2002-251153	20020220 <--
ES 2217239	T3	20041101	ES 2002-251153	20020220 <--
CA 2373596	A1	20020901	CA 2002-2373596	20020227 <--
JP 2002308801	A	20021023	JP 2002-50579	20020227 <--
PRAI US 2001-272619P	P	20010301 <--		

ASSIGNMENT HISTORY FOR US PATENT AVAILABLE IN LSUS DISPLAY FORMAT

OS MARPAT 137:195595

OSC.G 2 THERE ARE 2 CAPLUS RECORDS THAT CITE THIS RECORD (3 CITINGS)

L15 ANSWER 7 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN

TI Pharmaceuticals containing a combination of norepinephrine reuptake inhibitors and neuroleptics

AB A composition comprising: (a) a pharmaceutically effective amount of one or more norepinephrine reuptake inhibitors or a salt; and (b) 1 or more neuroleptics is provided. The composition is useful in treating disorders or diseases of the central nervous system, and particularly useful in treating schizophrenia. A pharmaceutical composition was prepared by combining reboxetine with a neuroleptic in an acceptable carrier. The composition contains 0.01-10 mg rebexetine and 25-300 mg clozapine.

AN 2002:521465 HCAPLUS <<LOGINID::20100601>>

DN 137:98994

TI Pharmaceuticals containing a combination of norepinephrine reuptake inhibitors and neuroleptics

IN Wong, Erik Ho Fong; Gallen, Christopher C.; Svensson, Torgny

PA Pharmacia & Upjohn Company, USA; Pharmacia AB

SO PCT Int. Appl., 22 pp.
CODEN: PIXXD2

DT Patent

LA English

FAN.CNT 1

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE

PI	WO 2002053140	A2	20020711	WO 2001-US45871	20011227 <--
	WO 2002053140	A3	20021024		
	W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, OM, PH, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VN, YU, ZA, ZM, ZW				
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	CA 2431041	A1	20020711	CA 2001-2431041	20011227 <--
	AU 2002232470	A1	20020716	AU 2002-232470	20011227 <--
	AU 2002232470	B2	20051103		
	EP 1353675	A2	20031022	EP 2001-991997	20011227 <--
	R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL, TR				
	JP 2004517112	T	20040610	JP 2002-554091	20011227 <--
	NZ 526801	A	20050729	NZ 2001-526801	20011227 <--
	US 20020156067	A1	20021024	US 2001-35100	20011228 <--
	US 6964962	B2	20051115		
	MX 2003006003	A	20050908	MX 2003-6003	20030702 <--
	US 20060003992	A1	20060105	US 2005-219901	20050906 <--
PRAI	US 2001-259286P	P	20010102 <--		
	WO 2001-US45871	W	20011227 <--		
	US 2001-35100	A3	20011228 <--		

ASSIGNMENT HISTORY FOR US PATENT AVAILABLE IN LSUS DISPLAY FORMAT
OSC.G 12 THERE ARE 12 CAPLUS RECORDS THAT CITE THIS RECORD (12 CITINGS)
RE.CNT 6 THERE ARE 6 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L15 ANSWER 8 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN
TI (+)-1-(3,4-dichlorophenyl)-3-azabicyclo[3.1.0]hexane, compositions thereof, and uses as an anti-depressant agent
AB The present invention relates to (+)-1-(3,4-dichlorophenyl)-3-azabicyclo[3.1.0]hexane and pharmaceutically acceptable salts thereof, compns. comprising (+)-1-(3,4-dichlorophenyl)-3-azabicyclo[3.1.0]hexane or a pharmaceutically acceptable salt thereof, and methods for treating or preventing depression in a patient comprising administering (+)-1-(3,4-dichlorophenyl)-3-azabicyclo[3.1.0]hexane or a pharmaceutically acceptable salt thereof. The (+)-1-(3,4-dichlorophenyl)-3-azabicyclo[3.1.0]hexane or pharmaceutically acceptable salt thereof is preferably substantially free of its corresponding (-)-enantiomer. The + isomer is obtained by HPLC resolution on a CHIRALPAK AD column. The + isomer has greater affinity for both norepinephrine and serotonin uptake sites in rat forebrain membranes than the ± compound The + isomer is administered along with a known antidepressant, anxiolytic, antipsychotic or antiobesity agent in treatment of various depression conditions including depression associated with anxiety, seizures, menopause, alcoholism, etc.
AN 2002:290820 HCAPLUS <<LOGINID::20100601>>
DN 136:304102
TI (+)-1-(3,4-dichlorophenyl)-3-azabicyclo[3.1.0]hexane, compositions thereof, and uses as an anti-depressant agent
IN Lippa, Arnold Stan; Epstein, Joseph William
PA Dov Pharmaceutical, Inc., USA
SO U.S., 7 pp.
CODEN: USXXAM
DT Patent
LA English

FAN.CNT 4

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	US 6372919	B1	20020416	US 2001-758883	20010111 <--
	CA 2434616	A1	20020829	CA 2002-2434616	20020111 <--
	WO 2002066427	A2	20020829	WO 2002-US845	20020111 <--
	WO 2002066427	A3	20030313		
	W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, OM, PH, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VN, YU, ZA, ZM, ZW				
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	AU 2002251758	A1	20020904	AU 2002-251758	20020111 <--
	AU 2002251758	B2	20080103		
	EP 1349835	A2	20031008	EP 2002-720783	20020111 <--
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	HU 2003002613	A2	20031128	HU 2003-2613	20020111 <--
	HU 2003002613	A3	20070928		
	BR 2002006434	A	20031230	BR 2002-6434	20020111 <--
	CN 1496349	A	20040512	CN 2002-806351	20020111 <--
	ZA 2003005440	A	20040715	ZA 2003-5440	20020111 <--
	JP 2005500983	T	20050113	JP 2002-565944	20020111 <--
	NZ 527101	A	20050826	NZ 2002-527101	20020111 <--
	RU 2294926	C2	20070310	RU 2003-124649	20020111 <--
	CN 101461804	A	20090624	CN 2008-10185945	20020111 <--
	NO 2003003165	A	20030904	NO 2003-3165	20030710 <--
	NO 325709	B1	20080707		
	MX 2003006210	A	20041015	MX 2003-6210	20030711 <--
	IN 2003CN01224	A	20051118	IN 2003-CN1224	20030807 <--
	IN 229614	A1	20090327		
	US 20040132797	A1	20040708	US 2004-466457	20040210 <--
	US 7098229	B2	20060829		
	JP 2009280605	A	20091203	JP 2009-176050	20090729 <--
PRAI	US 2001-758883	A	20010111 <--		
	CN 2002-806351	A3	20020111		
	JP 2002-565944	A3	20020111		
	WO 2002-US845	W	20020111		

ASSIGNMENT HISTORY FOR US PATENT AVAILABLE IN LSUS DISPLAY FORMAT
OSC.G 2 THERE ARE 2 CAPLUS RECORDS THAT CITE THIS RECORD (2 CITINGS)
RE.CNT 28 THERE ARE 28 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L15 ANSWER 9 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN
TI Putting metabolic side effects into perspective: Risks versus benefits of atypical antipsychotics
AB A review. The lengthy list of the side effects and morbidity associated with the atypical antipsychotics might make a patient with psychosis and his or her caregivers so concerned about the use of any of these medications, particularly those associated with a higher risk of diabetes, weight gain, or increased lipid levels, that they would prefer to avoid all of them. However, schizophrenia is associated with a relatively high risk for several diseases, including diabetes, that is independent of the risks that are linked to atypical antipsychotic use. Therefore, the clinician who might think, "Why use atypicals if using the typical drugs will escape the problems of monitoring and all the associated effects of diabetes and hyperglycemia" needs to know that these problems cannot be

avoided simply by choosing typical antipsychotics. Clinicians, patients, and concerned family members must balance the significant benefits of atypical antipsychotic treatment - improved cognition, reduced suicidality, and less depression - against the risks of metabolic disturbances and select a course of treatment that includes a realistic monitoring program.

AN 2002:75124 HCAPLUS <<LOGINID::20100601>>
DN 136:272542
TI Putting metabolic side effects into perspective: Risks versus benefits of atypical antipsychotics
AU Meltzer, Herbert Y.
CS Department of Psychiatry and Pharmacology, Division of Psychopharmacology, Vanderbilt University Medical Center, Nashville, TN, 37212, USA
SO Journal of Clinical Psychiatry (2001), 62(Suppl. 27), 35-39
CODEN: JCLPDE; ISSN: 0160-6689
PB Physicians Postgraduate Press, Inc.
DT Journal; General Review
LA English
OSC.G 6 THERE ARE 6 CAPLUS RECORDS THAT CITE THIS RECORD (6 CITINGS)
RE.CNT 47 THERE ARE 47 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L15 ANSWER 10 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN
TI Fluvoxamine as an adjunctive agent in schizophrenia
AB A review. Schizophrenia is a common mental disorder that has an early onset and rates high as a cause of medical disability. Antipsychotic agents are the mainstay of treatment but response is often inadequate. Neg. symptoms (disturbances in volition, social interaction and affective functions) are particularly difficult to treat and form a major obstacle to rehabilitation. A promising approach to improve response of neg. symptoms has been to add a selective serotonin reuptake inhibitor (SSRI) antidepressant to antipsychotic treatment. This review examines evidence pertaining to the efficacy, tolerability, and safety of the SSRI fluvoxamine, combined with antipsychotic agents, in the treatment of neg. symptoms in schizophrenia. Important methodol. issues, such as differentiating primary and secondary neg. symptoms, are discussed. The balance of available evidence indicates that fluvoxamine can improve primary neg. symptoms in chronic schizophrenia patients treated with typical antipsychotics and suggests that it may also do so in some patients treated with clozapine. This combination is generally safe and well tolerated although, as antipsychotic drug concns. may be elevated, attention to dose and drug monitoring should be considered appropriately. Combination with clozapine may require particular caution because of potential toxicity if serum clozapine levels rise steeply. The fluvoxamine doses effective in augmentation are lower than those usually used to treat depression . Evidence regarding the use of fluvoxamine augmentation to treat phenomena, such as obsessions and aggression, which may be associated with schizophrenia, is also examined

AN 2002:50209 HCAPLUS <<LOGINID::20100601>>
DN 136:288416
TI Fluvoxamine as an adjunctive agent in schizophrenia
AU Silver, Henry
CS Sha'ar Menashe Mental Health Center, Rappaport Faculty of Medicine, Haifa, Israel
SO CNS Drug Reviews (2001), 7(3), 283-304
CODEN: CDREFB; ISSN: 1080-563X
PB Neva Press
DT Journal; General Review
LA English
OSC.G 21 THERE ARE 21 CAPLUS RECORDS THAT CITE THIS RECORD (21 CITINGS)

RE.CNT 202 THERE ARE 202 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L15 ANSWER 11 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN
TI No effect of reboxetine on plasma concentrations of clozapine, risperidone, and their active metabolites
AB The effect of reboxetine on steady-state plasma concns. of the atypical antipsychotics clozapine and risperidone was studied in 14 patients with schizophrenia or schizo-affective disorder with associated depressive symptoms. Seven patients stabilized on clozapine therapy (250-500 mg/day) and seven receiving risperidone (4-6 mg/day) were given addnl. reboxetine (8 mg/day). After 4 wk of reboxetine therapy, mean plasma concns. of clozapine, norclozapine, and risperidone active moiety (sum of concns. of risperidone and 9-hydroxyrisperidone) increased slightly but not significantly by 5%, 2%, and 10%, resp. The mean plasma clozapine/norclozapine and risperidone/9-hydroxyrisperidone ratios were not modified during reboxetine treatment. Reboxetine coadministration with either clozapine or risperidone was well tolerated. These findings indicate that reboxetine has minimal effects on the metabolism of clozapine and risperidone and may be added safely to patients receiving maintenance treatment with these two antipsychotics.
AN 2002:823 HCAPLUS <<LOGINID::20100601>>
DN 136:193677
TI No effect of reboxetine on plasma concentrations of clozapine, risperidone, and their active metabolites
AU Spina, Edoardo; Avenoso, Angela; Scordo, Maria Gabriella; Ancione, Maria; Madia, Aldo; Levita, Antonino
CS Department of Clinical and Experimental Medicine and Pharmacology, Section of Pharmacology, University of Messina, Messina, 98125, Italy
SO Therapeutic Drug Monitoring (2001), 23(6), 675-678
CODEN: TDMODV; ISSN: 0163-4356
PB Lippincott Williams & Wilkins
DT Journal
LA English
OSC.G 7 THERE ARE 7 CAPLUS RECORDS THAT CITE THIS RECORD (7 CITINGS)
RE.CNT 23 THERE ARE 23 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L15 ANSWER 12 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN
TI Olanzapine: A review of its use in the treatment of bipolar I disorder
AB A review. Olanzapine, a thienobenzodiazepine derivative, is a psychotropic agent that has shown efficacy in the treatment of patients with bipolar I disorder. Olanzapine has a multireceptorial binding profile including a greater affinity for serotonin 5-HT2A than for dopamine D2 receptors. Olanzapine 5 to 20 mg/day demonstrated significantly greater antimanic efficacy than placebo in two double-blind, randomized 3- or 4-wk trials of patients with bipolar I disorder of either manic or mixed episodes, with or without psychotic features. Addnl., in one of these trials, improvements in cognitive function and hostility were superior with olanzapine. In cohorts of severely depressed and rapid cycling patients, improvements in manic and depressive symptoms and in manic symptoms only, were superior with olanzapine compared with placebo. Significant improvements from baseline in symptoms of mania, depression, cognitive functioning and hostility were seen with olanzapine in a 49-wk extension phase study. In double-blind trials, olanzapine 10 mg/day appeared to have similar antimanic efficacy to oral lithium 440mg twice daily in the treatment of patients with pure mania (4-wk small study). In patients with acute manic or mixed episodes olanzapine 5 to 20 mg/day appeared to be more effective than oral valproate semisodium (divalproex sodium) 500 to 2500 mg/day (3-wk study) and at least as effective as oral haloperidol 3 to 15 mg/day (12-wk

study). Preliminary results from a large 6-wk placebo-controlled study suggest that olanzapine 5 to 20 mg/day in combination with mood stabilizers (lithium or valproate semisodium) provides effective augmentation of antimanic treatment of patients with bipolar I disorder, with benefits seen in the first week. Adverse events reported significantly more often with olanzapine than with placebo were somnolence, dry mouth, dizziness and bodyweight gain, and in comparison with valproate semisodium were somnolence, dry mouth, increased appetite and bodyweight gain. Olanzapine was generally well tolerated with no clin. relevant abnormalities in laboratory tests, vital signs or ECG results. Conclusion: Olanzapine demonstrated superior efficacy compared with placebo in the short-term treatment of patients with bipolar I disorder with manic or mixed episodes, with or without psychotic features, and was generally well tolerated. According to preliminary data the antimanic efficacy of olanzapine appears similar to that of haloperidol and better than that of valproate semisodium in patients with bipolar I disorder experiencing a manic or mixed episode; among nonpsychotic patients with manic or mixed episodes olanzapine appears to be superior to haloperidol. Available data support the choice of olanzapine as an option in the short-term management of mania in patients with bipolar I disorder with manic or mixed episodes, with or without psychotic features.

AN 2001:934947 HCAPLUS <<LOGINID::20100601>>
DN 136:226160
TI Olanzapine: A review of its use in the treatment of bipolar I disorder
AU Bhana, Nila; Perry, Caroline M.
CS Adis International Limited, Auckland, N. Z.
SO CNS Drugs (2001), 15(11), 871-904
CODEN: CNDREF; ISSN: 1172-7047
PB Adis International Ltd.
DT Journal; General Review
LA English
OSC.G 14 THERE ARE 14 CAPLUS RECORDS THAT CITE THIS RECORD (14 CITINGS)
RE.CNT 153 THERE ARE 153 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L15 ANSWER 13 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN
TI Extended Radioligand Binding Profile of Iloperidone: A Broad Spectrum Dopamine/Serotonin/Norepinephrine Receptor Antagonist for the Management of Psychotic Disorders
AB Iloperidone is a novel psychotropic compound currently undergoing Phase III trials. Its affinity for human dopamine and 5-HT2A and 5-HT2C receptors has been reported previously . This report presents the affinity of iloperidone for a largely extended number of human neurotransmitter receptors. In a few instances human receptors were not available and receptor studies were performed on tissues from laboratory animals. The present
data indicate that iloperidone displays high affinity (KI < 10 nM) for norepinephrine α1-adrenoceptors, dopamine D3 and serotonin 5-HT2A receptors. Intermediate affinity (10-100 nM) was found for norepinephrine α2C-adrenoceptors, dopamine D2A and D4 receptors and serotonin 5-HT1A, 5-HT1B, 5-HT2C and 5-HT6 receptors. The affinity for all other receptors was below 100 nM, including norepinephrine α2A, α2B, β1, and β2, muscarine M1-M5, histamine H1, dopamine D1 and D5, CCKA and CCKB, 5-HT7, dopamine and norepinephrine transporters. Thus, iloperidone targets a selective set of dopamine, norepinephrine and serotonin receptor subtypes. The affinity for this particular set of receptors indicates that iloperidone has the potential to be a broad spectrum antipsychotic, with efficacy against pos., neg., depressive and cognitive symptoms of schizophrenia, and a low propensity to induce side effects.
AN 2001:922467 HCAPLUS <<LOGINID::20100601>>

DN 137:150052
TI Extended Radioligand Binding Profile of Iloperidone: A Broad Spectrum Dopamine/Serotonin/Norepinephrine Receptor Antagonist for the Management of Psychotic Disorders
AU Kalkman, Hans Otto; Subramanian, Natarajan; Hoyer, Daniel
CS Novartis Pharma, Basel, Switz.
SO Neuropsychopharmacology (2001), 25(6), 904-914
CODEN: NEROEW; ISSN: 0893-133X
PB Elsevier Science Inc.
DT Journal
LA English
OSC.G 29 THERE ARE 29 CAPLUS RECORDS THAT CITE THIS RECORD (29 CITINGS)
RE.CNT 69 THERE ARE 69 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L15 ANSWER 14 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN
TI Risperidone safety and efficacy in the treatment of bipolar and schizoaffective disorders: Results from a 6-month, multicenter, open study
AB The goal of this study was to assess the efficacy and safety of risperidone in bipolar and schizoaffective disorders. 541 Patients entered this open, multicenter, 6-mo study. Patients were entered provided that they fulfilled DSM-IV criteria for bipolar disorder or schizoaffective disorder, bipolar type, during a manic, hypomanic, mixed, or depressive episode. Risperidone was added to any previous mood-stabilizing medication that the patients were taking. Efficacy was assessed with the Young Mania Rating Scale (YMRS), the Hamilton Rating Scale for Depression (HAM-D), the Pos. and Neg. Syndrome Scale (PANSS), and the Clin. Global Impressions scale (CGI). Extrapyramidal symptoms (EPS) were assessed using the UKU Side Effect Rating Scale. 430 Patients completed the study. Addition of risperidone produced highly significant improvements ($p < .0001$) on the YMRS and HAM-D at both 6 wk and 6 mo and on the CGI and the scales of the PANSS at both 4 wk and 6 mo. There was a significant reduction in UKU total and subscale scores at 6 mo. The mean dose of risperidone was 3.9 mg/day. There was no single case of new-emergent tardive dyskinesia, and there was a very low incidence of exacerbation of mania within the first 6 wk (2%). Adverse events were few and mostly mild, the most frequent being EPS and weight gain. This large study provides addnl. evidence that risperidone is effective and well tolerated when combined with mood stabilizers in the treatment of bipolar disorder and schizoaffective disorder, bipolar type. Previous concerns about exacerbation of manic symptoms were not confirmed.
AN 2001:912080 HCAPLUS <<LOGINID::20100601>>
DN 136:177875
TI Risperidone safety and efficacy in the treatment of bipolar and schizoaffective disorders: Results from a 6-month, multicenter, open study
AU Vieta, Eduard; Goikolea, Jose M.; Corbella, Barbara; Benabarre, Antonio; Reinares, Maria; Martinez, Guadalupe; Fernandez, Antonio; Colom, Francesc; Martinez-Aran, Anabel; Torrent, Carla
CS Department of Psychiatry, University of Barcelona, Barcelona, 08036, Spain
SO Journal of Clinical Psychiatry (2001), 62(10), 818-825
CODEN: JCLPDE; ISSN: 0160-6689
PB Physicians Postgraduate Press, Inc.
DT Journal
LA English
OSC.G 58 THERE ARE 58 CAPLUS RECORDS THAT CITE THIS RECORD (58 CITINGS)
RE.CNT 50 THERE ARE 50 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L15 ANSWER 15 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN
TI Focus on ziprasidone
AB A review. Ziprasidone is a new antipsychotic with combined dopamine and

serotonin receptor antagonist activity. The initial evidence suggests an effective dosage range of 80-160 mg/day. Clin. trials suggest that the drug is an effective antipsychotic in schizophrenia and schizoaffective disorder with a beneficial effect on neg. symptoms and symptoms of depression. The main adverse effects appear to be somnolence (14%) and nausea (10%). Ziprasidone has relatively fewer side-effects and yet has at least equivalent efficacy for florid "pos." symptoms compared with conventional antipsychotics. The addnl. serotonergic actions deliver further efficacy against "neg." and affective symptoms of schizophrenia. Reduced effects on cognitive abilities compared to conventional antipsychotics make ziprasidone more attractive still. Barring any unforeseen complications, it appears to a most valuable addition to the antipsychotic agents.

AN 2001:903897 HCAPLUS <<LOGINID::20100601>>
DN 136:177344
TI Focus on ziprasidone
AU Green, Ben
CS Halton Hospital and the University of Liverpool, Liverpool, UK
SO Current Medical Research and Opinion (2001), 17(2), 146-150
CODEN: CMROCX; ISSN: 0300-7995
PB LibraPharm Ltd.
DT Journal; General Review
LA English
OSC.G 2 THERE ARE 2 CAPLUS RECORDS THAT CITE THIS RECORD (2 CITINGS)
RE.CNT 27 THERE ARE 27 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L15 ANSWER 16 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN
TI In vivo 5-HT2A receptor blockade by quetiapine. An R91150 single photon emission tomography study
AB Background: Atypical antipsychotic drugs are thought to show a high degree of 5-HT2A receptor blockade, which may prevent the emergence of extrapyramidal symptoms. Method: 5-HT2A binding was estimated using 123I-5-I-R91150 and single photon emission tomog. (SPET) in 6 schizophrenic subjects treated with quetiapine at a mean daily dose of 350 mg for at least 5 wk and a matched sample of 6 healthy volunteers. Clin. and side-effect ratings were performed at baseline and at the time of SPET scanning. The reference region approach was used to define a 5-HT2A binding index in the frontal and temporal cortex. Results: Quetiapine treatment resulted in a decline in 5-HT2A receptor availability in the frontal cortex (mean 0.98) relative to healthy volunteers (mean 1.33±0.16). All patients showed improvements in clin. symptom or side-effect ratings. The mean frontal cortex:cerebellum ratio after quetiapine treatment was neg. correlated with reduction in the Abnormal Involuntary Rating scale and Simpson-Angus scores (Bonferroni corrected), but not with the reduction in the scores from the scale for the assessment of pos. symptoms, the scale for the assessment of neg. symptoms, the Montgomery-Asberg depression rating scale or patient age. Conclusion: Quetiapine treatment results in significant in vivo blockade of cortical 5-HT2A, similar to other atypical antipsychotic drugs. This effect may contribute to its placebo level extrapyramidal side-effect profile.
AN 2001:743627 HCAPLUS <<LOGINID::20100601>>
DN 136:63991
TI In vivo 5-HT2A receptor blockade by quetiapine. An R91150 single photon emission tomography study
AU Jones, Hugh M.; Travis, Michael J.; Mulligan, Rachel; Bressan, Rodrigo A.; Visvikis, Dmitri; Gacinovic, Sveto; Ell, Peter J.; Pilowsky, Lyn S.
CS Department of Psychological Medicine, Section of Neurochemical Imaging, Institute of Psychiatry, London, SE5 8AF, UK
SO Psychopharmacology (Berlin, Germany) (2001), 157(1), 60-66
CODEN: PSCHDL; ISSN: 0033-3158

PB Springer-Verlag
DT Journal
LA English
OSC.G 8 THERE ARE 8 CAPLUS RECORDS THAT CITE THIS RECORD (8 CITINGS)
RE.CNT 38 THERE ARE 38 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L15 ANSWER 17 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN
TI A double-blind, randomized, prospective evaluation of the efficacy and safety of risperidone versus haloperidol in the treatment of schizoaffective disorder
AB The relative efficacy and safety of risperidone vs. haloperidol in the treatment of schizo-affective disorder was studied. Sixty-two patients (29 depressed type; 33 bipolar type) entered a three-site, randomized, double-blind, 6-wk trial of risperidone (up to 10 mg/day) or haloperidol (up to 20 mg/day). Trained raters assessed baseline, weekly, and end-of-study levels of psychopathol. with the Pos. and Neg. Syndrome Scale (PANSS), the 24-item Hamilton Rating Scale for Depression (HAM-D-24) and the Clinician-Administered Rating Scale for Mania (CARS-M). The authors were unable to statistically distinguish between risperidone and haloperidol in the amelioration of psychotic and manic symptoms. In addition, there was no difference in worsening of mania between the two agents in either subgroup (i.e., depressed or bipolar subgroups). For the total PANSS, risperidone produced a mean decrease of 16 points from baseline compared with a 14-point decrease with haloperidol. For the total CARS-M scale, risperidone and haloperidol produced mean change scores of 5 and 8 points, resp., and for the CARS-M Mania subscale, 3 and 7 points, resp. Addnl., risperidone produced a mean decrease of 13 points from the baseline 24-item HAM-D, compared with an 8-point decrease with haloperidol. In those patients who had more severe depressive symptoms (i.e., HAM-D baseline score >20), risperidone produced at least a 50% mean improvement in 12 (75%) of 16 patients in comparison to 8 (38%) of 21 patients receiving haloperidol. Haloperidol produced significantly more extrapyramidal side effects and resulted in more dropouts caused by any side effect. There was no difference between risperidone and haloperidol in reducing both psychotic and manic symptoms in this group of patients with schizo-affective disorder. Risperidone did not demonstrate a propensity to precipitate mania and was better tolerated than haloperidol. In those subjects with higher baseline HAM-D scores (i.e., >20), risperidone produced a greater improvement in depressive symptoms than haloperidol.
AN 2001:597245 HCAPLUS <<LOGINID::20100601>>
DN 135:339096
TI A double-blind, randomized, prospective evaluation of the efficacy and safety of risperidone versus haloperidol in the treatment of schizoaffective disorder
AU Janicak, Philip G.; Keck, Paul E., Jr.; Davis, John M.; Kasckow, John W.; Tugrul, Karen; Dowd, Sheila M.; Strong, Jane; Sharma, Rajiv P.; Strakowski, Stephen M.
CS The Psychiatric Clinical Research Center and Department of Psychiatry, College of Medicine, University of Illinois at Chicago, Chicago, IL, USA
SO Journal of Clinical Psychopharmacology (2001), 21(4), 360-368
CODEN: JCPYDR; ISSN: 0271-0749
PB Lippincott Williams & Wilkins
DT Journal
LA English
OSC.G 12 THERE ARE 12 CAPLUS RECORDS THAT CITE THIS RECORD (12 CITINGS)
RE.CNT 35 THERE ARE 35 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L15 ANSWER 18 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN
TI Treatment of suicidality in schizophrenia
AB A review with 48 refs. Between 4 and 13% of people with schizophrenia commit suicide and between 25 and 50% make a suicide attempt, a reflection of the devastating toll this syndrome takes on the quality of life, i.e., the subjective and objective sense of well-being. Many risk factors for suicide in schizophrenia have been identified, the most important of which are previous suicide attempts, depression, hopelessness, substance abuse, and male gender. Insight into having a serious mental illness and less severe cognitive impairment are also associated with increased risk for suicide in schizophrenia, most likely when accompanied by feelings of hopelessness. Typical neuroleptic drugs have not been shown to reduce the risk of suicide. However, several types of evidence suggest that clozapine, an atypical antipsychotic drug, appreciably reduces the suicide attempt and completion rates in schizophrenia and schizo-affective disorder, perhaps by as much as 75-85%. Other atypical antipsychotic drugs may have a similar effect, but direct evidence is lacking. Improvement in pos. and neg. symptoms, reduced extrapyramidal side effects (EPS), a direct antidepressant action, improved cognitive function, and improved compliance may contribute to reduced suicidality. The International Suicide Prevention Trial (InterSePT) is a large prospective, randomized study intended to compare the effectiveness of clozapine with that of olanzapine in reducing suicide and suicide-related events in schizophrenic and schizoaffective patients. Some information about suicidality in the patient sample is reported here.
AN 2001:480353 HCAPLUS <<LOGINID::20100601>>
DN 135:266558
TI Treatment of suicidality in schizophrenia
AU Meltzer, Herbert Y.
CS Division of Psychopharmacology, Vanderbilt University School of Medicine, Nashville, TN, 37212, USA
SO Annals of the New York Academy of Sciences (2001), 932(Clinical Science of Suicide Prevention), 44-60
CODEN: ANYAA9; ISSN: 0077-8923
PB New York Academy of Sciences
DT Journal; General Review
LA English
OSC.G 12 THERE ARE 12 CAPLUS RECORDS THAT CITE THIS RECORD (12 CITINGS)
RE.CNT 48 THERE ARE 48 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L15 ANSWER 19 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN
TI The combination of a serotonin reuptake inhibitor and a 5-HT2C antagonist, inverse agonist or partial agonist
AB The present invention relates to the use of compds. and compns. of compds. having serotonin reuptake inhibiting activity and 5-HT2C antagonistic, partial agonistic or inverse agonistic activity for the for the treatment of depression and other affective disorders. The combined serotonin reuptake inhibiting effect and the 5-HT2C antagonistic, partial agonistic or inverse agonistic effect may reside within the same chemical compound or in two different chemical compds. E.g., simultaneous administration of 10 μmol/kg citalopram with 1 μmol/kg RS 102221 or Lu 27121 showed significant enhancement of the effect of citalopram in rats.
AN 2001:434808 HCAPLUS <<LOGINID::20100601>>
DN 135:41033
TI The combination of a serotonin reuptake inhibitor and a 5-HT2C antagonist, inverse agonist or partial agonist
IN Cremers, Thomas Ivo Franciscus Hubert; Wikstroem, Hakan Wilhelm; Den Boer, Johan Antonie; Bosker, Fokko Jan; Westerink, Bernard Hendrik Cornelis;

Bogeso, Klaus Peter; Hogg, Sandra; Mork, Arne
PA H. Lundbeck A/s, Den.
SO PCT Int. Appl., 29 pp.
CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 2

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI WO 2001041701	A2	20010614	WO 2000-DK671	20001206 <--
WO 2001041701	A3	20011213		
W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CR, CU, CZ, DE, DK, DM, DZ, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, US, UZ, VN, YU, ZA, ZW				
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
CA 2393470	A1	20010614	CA 2000-2393470	20001206 <--
AU 2001018511	A	20010618	AU 2001-18511	20001206 <--
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R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL, TR				
TR 2002001512	T2	20020923	TR 2002-1512	20001206 <--
BR 2000016385	A	20030218	BR 2000-16385	20001206 <--
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HU 2002003586	A3	20050228		
JP 2003516326	T	20030513	JP 2001-542871	20001206 <--
CN 1433313	A	20030730	CN 2000-818827	20001206 <--
EP 1396267	A2	20040310	EP 2003-27672	20001206 <--
EP 1396267	A3	20040421		
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL, TR				
AT 314849	T	20060215	AT 2000-981174	20001206 <--
PT 1237553	E	20060531	PT 2000-981174	20001206 <--
ES 2255519	T3	20060701	ES 2000-981174	20001206 <--
EP 1782813	A1	20070509	EP 2007-103057	20001206 <--
R: AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LI, LU, MC, NL, PT, SE, TR, AL, LT, LV, MK, RO, SI				
IL 149994	A	20070724	IL 2000-149994	20001206 <--
NZ 545907	A	20070727	NZ 2000-545907	20001206 <--
EP 2036564	A1	20090318	EP 2008-21043	20001206 <--
R: AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LI, LU, MC, NL, PT, SE, TR, AL, LT, LV, MK, RO, SI				
CN 101406465	A	20090415	CN 2008-10149947	20001206 <--
ZA 2002004391	A	20030901	ZA 2002-4391	20020531 <--
NO 2002002657	A	20020726	NO 2002-2657	20020605 <--
MX 2002005613	A	20021213	MX 2002-5613	20020606 <--
US 20030032636	A1	20030213	US 2002-165196	20020606 <--
KR 832026	B1	20080523	KR 2002-707231	20020607 <--
HR 2002000527	A2	20041231	HR 2002-527	20020617 <--
BG 106895	A	20030430	BG 2002-106895	20020702 <--
IN 213140	A1	20080331	IN 2002-CN1026	20020703 <--
AU 2006200878	A1	20060323	AU 2006-200878	20060301 <--
US 20070105843	A1	20070510	US 2006-539100	20061005 <--
US 20090176808	A1	20090709	US 2009-406226	20090318 <--
AU 2009202463	A1	20090709	AU 2009-202463	20090619 <--

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AU 2001-18511 A3 20001206 <--
CN 2000-818827 A3 20001206 <--
EP 2000-981174 A3 20001206 <--
EP 2003-27672 A3 20001206 <--
EP 2007-103057 A3 20001206 <--
US 2000-731411 B1 20001206 <--
WO 2000-DK671 W 20001206 <--
US 2002-165196 B1 20020606
AU 2006-200878 A3 20060301
US 2006-539100 A3 20061005
ASSIGNMENT HISTORY FOR US PATENT AVAILABLE IN LSUS DISPLAY FORMAT
OSC.G 7 THERE ARE 7 CAPLUS RECORDS THAT CITE THIS RECORD (7 CITINGS)
RE.CNT 6 THERE ARE 6 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L15 ANSWER 20 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN
TI Long-term olanzapine therapy in the treatment of bipolar I disorder: An open-label continuation phase study
AB Olanzapine has demonstrated efficacy in the treatment of acute mania in 2 double-blind, placebo-controlled trials. We describe the results of the open-label extension from one of these trials. In a 3-wk, double-blind study of patients with DSM-IV bipolar 1 disorder, olanzapine was superior to placebo for the treatment of acute manic symptoms. Of the 139 patients who entered the double-blind phase of the 3-wk study, 113 patients continued into the 49-wk open-label extension. Efficacy measurements including the Young Mania Rating Scale (YMRS), the 21-item Hamilton Rating Scale for Depression (HAM-D-21), the Clin. Global Impressions scale-Bipolar Version, and the Pos. and Neg. Syndrome Scale and safety measurements including the Simpson-Angus scale, the Barnes Akathisia Scale, and the Abnormal Involuntary Movement Scale were completed throughout. The anal. considered all treatment results, starting with the first olanzapine dose. Adjunctive lithium and fluoxetine were allowed during the open-label extension. The mean length of olanzapine treatment was 6.6 mo, with a mean modal dose of 13.9 mg/day. A significant mean improvement in the YMRS total score, baseline to endpoint (-18.01, $p < .001$), was observed During treatment, 88.3% of patients experienced a remission of manic symptoms (YMRS total score $\leq$ 12), and only 25.5% subsequently relapsed (YMRS total score $\leq$ 15). Significant improvement in HAM-D-21 scores was observed ($p < .001$). Forty-one percent of patients were maintained on olanzapine monotherapy. The most common treatment-emergent adverse events reported were somnolence (46.0%), depression (38.9%), and weight gain (36.3%). During up to 1 yr of olanzapine therapy, either as monotherapy or in combination with lithium and/or fluoxetine, patients with bipolar disorder demonstrated significant improvement in mania and depression symptoms with a favorable safety profile. Further double-blind, controlled studies are needed to confirm these results.
AN 2001:424523 HCAPLUS <<LOGINID::20100601>>
DN 135:267049
TI Long-term olanzapine therapy in the treatment of bipolar I disorder: An open-label continuation phase study
AU Sanger, Todd M.; Grundy, Starr L.; Gibson, P. Joseph; Namjoshi, Madhav A.; Greaney, Michael G.; Tohen, Mauricio F.
CS Lilly Corporate Center, Lilly Research Laboratories, Eli Lilly and Company, Indianapolis, IN, USA
SO Journal of Clinical Psychiatry (2001), 62(4), 273-281
CODEN: JCLPDE; ISSN: 0160-6689
PB Physicians Postgraduate Press, Inc.
DT Journal
LA English

OSC.G 53 THERE ARE 53 CAPLUS RECORDS THAT CITE THIS RECORD (53 CITINGS)
RE.CNT 43 THERE ARE 43 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L15 ANSWER 21 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN
TI First experiences in combination therapy using olanzapine with SSRIs (citalopram, paroxetine) in delusional depression
AB In an open prospective study, 26 patients with delusional depression (mood-congruent psychotic features: DSMIV 296.4) were treated over 5 wk with a combination of SSRI (citalopram, n = 22, or paroxetine, n = 4) and the neuroleptic olanzapine. The course of therapy was evaluated with the Hamilton depression scale (HAMD). Not only the total HAMD score, but also the subscores for affectivity and delusional symptoms decreased significantly. After the end of the 5-wk combination therapy, 18 out of 26 patients (69%) could be discharged as responders to outpatient treatment. The course of treatment was characterized by excellent tolerance.
AN 2001:384296 HCAPLUS <<LOGINID::20100601>>
DN 135:236300
TI First experiences in combination therapy using olanzapine with SSRIs (citalopram, paroxetine) in delusional depression
AU Konig, F.; Hippel, C. V.; Petersdorff, T.; Neuhoffer-Weiss, M.; Wolfersdorf, M.; Kaschka, W. P.
CS Department of Psychiatry 1, University of Ulm, Ravensburg, Germany
SO Neuropsychobiology (2001), 43(3), 170-174
CODEN: NPBYAL; ISSN: 0302-282X
PB S. Karger AG
DT Journal
LA English
OSC.G 10 THERE ARE 10 CAPLUS RECORDS THAT CITE THIS RECORD (10 CITINGS)
RE.CNT 30 THERE ARE 30 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L15 ANSWER 22 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN
TI Combination treatment for depression and anxiety containing a CNS-penetrant NK-1 receptor antagonist and an antidepressant or anxiolytic agent
AB A combination treatment for depression and anxiety contains a CNS-penetrant NK-1 receptor antagonist and an antidepressant or anxiolytic agent. Tablets were prepared containing a NK-1 antagonist and sertraline or ziprasidone.
AN 2001:356210 HCAPLUS <<LOGINID::20100601>>
DN 134:357580
TI Combination treatment for depression and anxiety containing a CNS-penetrant NK-1 receptor antagonist and an antidepressant or anxiolytic agent
IN Sobolov-Jaynes, Susan Beth
PA Pfizer Products Inc., USA
SO Eur. Pat. Appl., 46 pp.
CODEN: EPXXDW
DT Patent
LA English
FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	EP 1099446	A2	20010516	EP 2000-309908	20001108 <--
	EP 1099446	A3	20030326		
	EP 1099446	B1	20070613		
	R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, CY, TR				
	CA 2324813	A1	20010510	CA 2000-2324813	20001031 <--

AT 364399	T	20070715	AT 2000-309908	20001108 <--
ES 2285995	T3	20071201	ES 2000-309908	20001108 <--
JP 2001139490	A	20010522	JP 2000-341365	20001109 <--
BR 2000005319	A	20010717	BR 2000-5319	20001109 <--
MX 2000011035	A	20020523	MX 2000-11035	20001109 <--
US 20040220274	A1	20041104	US 2004-856029	20040528 <--
PRAI US 1999-164692P	P	19991110 <--		
US 2000-707320	B1	20001107 <--		

OS MARPAT 134:357580
OSC.G 2 THERE ARE 2 CAPLUS RECORDS THAT CITE THIS RECORD (2 CITINGS)
RE.CNT 2 THERE ARE 2 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L15 ANSWER 23 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN
TI Novel, highly potent and selective serotonin 5-HT2A/dopamine D2 receptor antagonists as potential antipsychotics
AB The 5-HT2A and D2 receptors have been implicated as therapeutic targets for schizophrenia and depression as well as other neuropsychiatric diseases. The atypical antipsychotic agents possess dual 5-HT2A/D2 antagonism and have demonstrated superior clin. efficacy for schizophrenia with a reduced propensity to induce extrapyramidal side effect compared to typical antipsychotic agents (dopamine D2 receptor antagonists). However, identification of ligands with proper 5-HT2A/D2 receptor binding ratios and selectivities >100-fold vs. other monoamine receptors and the various neurotransmitter transporters has not been achieved. The most widely investigated atypical antipsychotics, clozapine and risperidone, are the standard for this class of agents exhibiting potent 5-HT2A antagonism, moderate D2 affinity and only modest selectivity over a wide range of receptors. We will describe our recent efforts in the area of selective dual 5-HT2A/D2 antagonists for potential use as atypical antipsychotics. The strategy for tailoring 5-HT2A/D2 receptor-binding affinity ratios will also be discussed. Structure activity studies of a novel series of compds. have led to the identification of orally bioavailable, highly potent and selective ligands for the target receptor subtypes that demonstrate efficacy in rat behavioral models for 5-HT2A and D2 antagonism.
AN 2001:201996 HCAPLUS <<LOGINID::20100601>>
TI Novel, highly potent and selective serotonin 5-HT2A/dopamine D2 receptor antagonists as potential antipsychotics
AU Lee, Taekyu; Robichaud, Albert J.; Boyle, Kristopher E.; Lu, Yimin; Chen, Wenting; McClung, Christopher; Deng, Wei; Miller, Keith J.; McElroy, John F.; Largent, Brian L.
CS Department of Medicinal Chemistry, DuPont Pharmaceuticals Company, Wilmington, DE, 19880-0500, USA
SO Abstracts of Papers, 221st ACS National Meeting, San Diego, CA, United States, April 1-5, 2001 (2001) MEDI-098
CODEN: 69FZD4
PB American Chemical Society
DT Journal; Meeting Abstract
LA English

L15 ANSWER 24 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN
TI Olanzapine: An updated review of its use in the management of schizophrenia
AB A review with 307 refs. Olanzapine, a thienobenzodiazepine derivative, is a second generation (atypical) antipsychotic agent which has proven efficacy against the pos. and neg. symptoms of schizophrenia. Compared with conventional antipsychotics, it has greater affinity for serotonin 5-HT2A than for dopamine D2 receptors. In large, well controlled trials in patients with schizophrenia or related psychoses, olanzapine 5 to 20 mg/day was significantly superior to haloperidol 5 to

20 mg/day in overall improvements in psychopathol. rating scales and in the treatment of depressive and neg. symptoms, and was comparable in effects on pos. psychotic symptoms. The 1-yr risk of relapse (rehospitalization) was significantly lower with olanzapine than with haloperidol treatment. In the first double-blind comparative study (28-wk) of olanzapine and risperidone, olanzapine 10 to 20 mg/day proved to be significantly more effective than risperidone 4 to 12 mg/day in the treatment of neg. and depressive symptoms but not on overall psychopathol. symptoms. In contrast, preliminary results from an 8-wk controlled study suggested risperidone 2 to 6 mg/day was superior to olanzapine 5 to 20 mg/day against pos. and anxiety/depressive symptoms ($p < 0.05$), although consistent with the first study, both agents demonstrated similar efficacy on measures of overall psychopathol. Improvements in general cognitive function seen with olanzapine treatment in a 1-yr controlled study of patients with early-phase schizophrenia, were significantly greater than changes seen with either risperidone or haloperidol. However, preliminary results from an 8-wk trial showed comparable cognitive enhancing effects of olanzapine and risperidone treatment in patients with schizophrenia or schizo-affective disorder. Several studies indicate that olanzapine has benefits against symptoms of aggression and agitation, while other studies strongly support the effectiveness of olanzapine in the treatment of depressive symptomatol. Olanzapine is associated with significantly fewer extrapyramidal symptoms than haloperidol and risperidone. In addition, olanzapine is not associated with a risk of agranulocytosis as seen with clozapine or clin. significant hyperprolactinemia as seen with risperidone or prolongation of the QT interval. The most common adverse effects reported with olanzapine are bodyweight gain, somnolence, dizziness, anticholinergic effects (constipation and dry mouth) and transient asymptomatic liver enzyme elevations. In comparison with haloperidol, the adverse events reported significantly more frequently with olanzapine in ≥3.5% of patients were dry mouth, bodyweight gain and increased appetite and compared with risperidone, only bodyweight gain occurred significantly more frequently with olanzapine. The high acquisition cost of olanzapine is offset by redns. in other treatment costs (inpatient and/or outpatient services) of schizophrenia. Pharmacoeconomic analyses indicate that olanzapine does not significantly increase, and may even decrease, the overall direct treatment costs of schizophrenia, compared with haloperidol. Compared with risperidone, olanzapine has also been reported to decrease overall treatment costs, despite the several-fold higher daily acquisition cost of the drug. Olanzapine treatment improves quality of life in patients with schizophrenia and related psychoses to a greater extent than haloperidol, and to broadly the same extent as risperidone. Conclusions: Olanzapine demonstrated superior antipsychotic efficacy compared with haloperidol in the treatment of acute phase schizophrenia, and in the treatment of some patients with first-episode or treatment-resistant schizophrenia. The reduced risk of adverse events and therapeutic superiority compared with haloperidol and risperidone in the treatment of neg. and depressive symptoms support the choice of olanzapine as a first-line option in the management of schizophrenia in the acute phase and for the maintenance of treatment response.

AN 2001:141840 HCAPLUS <<LOGINID::20100601>>
DN 135:161855
TI Olanzapine: An updated review of its use in the management of schizophrenia
AU Bhana, Nila; Foster, Rachel H.; Olney, Roger; Plosker, Greg L.
CS Adis International Limited, Auckland, N. Z.
SO Drugs (2001), 61(1), 111-161
CODEN: DRUGAY; ISSN: 0012-6667
PB Adis International Ltd.
DT Journal; General Review

LA English
OSC.G 64 THERE ARE 64 CAPLUS RECORDS THAT CITE THIS RECORD (64 CITINGS)
RE.CNT 309 THERE ARE 309 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L15 ANSWER 25 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN
TI Ziprasidone in the short-term treatment of patients with schizoaffective disorder: results from two double-blind, placebo-controlled, multicenter studies
AB This study assessed the efficacy of ziprasidone for the treatment of schizoaffective disorder. Data were taken from subsets of patients with schizoaffective disorder, derived from two sep. double-blind, placebo-controlled, parallel-group, multicenter studies. A total of 115 hospitalized patients with an acute episode of schizoaffective disorder were randomly assigned to receive either fixed oral doses of ziprasidone 40 mg/day (N = 16), 80 mg/day (N = 18), 120 mg/day (N = 22), 160 mg/day (N = 25), or placebo (N = 34) for 4 to 6 wk. Mean baseline-to-endpoint changes in Brief Psychiatric Rating Scale (BPRS) total, BPRS Core, Clin. Global Impressions Severity scale (CGI-S), BPRS Depressive, BPRS Manic, and Montgomery-Åsberg Depression Rating Scale total scores were compared between the placebo and ziprasidone groups. Neurol. (Simpson-Angus, Barnes Akathisia, Abnormal Involuntary Movement Scale [AIMS]) and other side effects were also assessed. Significant dose-related improvements on all primary efficacy variables (BPRS total, BPRS Core, CGI-S) and for BPRS Manic items were observed with ziprasidone treatment in a combined anal. of data from both studies ($p \leq 0.01$). Ziprasidone 160 mg/day was significantly more effective than placebo in improving mean BPRS total, BPRS Core, BPRS Manic, and CGI-S scores ($p < 0.05$). At 120 mg/day, ziprasidone was significantly more effective than placebo in improving mean CGI-S scores ($p < 0.05$). The incidence of individual adverse events was generally low in all treatment groups and was not dose-related. In addition, no significant differences were observed between baseline-to-endpoint mean changes in Simpson-Angus and AIMS scores with placebo or ziprasidone 40 to 160 mg/day. These results suggest that ziprasidone may have efficacy in the treatment of affective as well as psychotic symptoms of schizoaffective disorder, with a low side-effect burden.
AN 2001:93669 HCAPLUS <<LOGINID::20100601>>
DN 135:132230
TI Ziprasidone in the short-term treatment of patients with schizoaffective disorder: results from two double-blind, placebo-controlled, multicenter studies
AU Keck, Paul E., Jr.; Reeves, Karen R.; Harrigan, Edmund P.
CS Biological Psychiatry Program, University of Cincinnati College of Medicine, Cincinnati, OH, USA
SO Journal of Clinical Psychopharmacology (2001), 21(1), 27-35
CODEN: JCPYDR; ISSN: 0271-0749
PB Lippincott Williams & Wilkins
DT Journal
LA English
OSC.G 34 THERE ARE 34 CAPLUS RECORDS THAT CITE THIS RECORD (34 CITINGS)
RE.CNT 47 THERE ARE 47 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L15 ANSWER 26 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN
TI Olanzapine: Preclinical and clinical profiles of a novel antipsychotic agent
AB A review with 278 refs. The novel antipsychotic agent olanzapine (Zyprexa, Eli Lilly and Company) is a thienobenzodiazepine analog marketed for the treatment of schizophrenia. Olanzapine's diverse receptor binding profile and greater affinity for serotonin receptors over

dopamine receptors is thought to impart antipsychotic efficacy with a low incidence of serious extrapyramidal symptoms (EPS). With once daily dosing steady-state plasma concns. reached within approx. 1 wk. Olanzapine is extensively metabolized by the liver, is mostly excreted in the urine, and has few drug intractions. In clin. trials, the efficacy of olanzapine for treating schizophrenia is better than placebo and haloperidol and comparable to risperidone. Olanzapine may also ameliorate some comorbid symptoms including neg. symptoms, depression, anxiety, substance abuse, and cognitive dysfunction, and it is effective in the long-term maintenance of response, treatment-resistance, and improving quality of life. The overall direct costs are lower with olanzapine treatment compared with haloperidol or risperidone treatment. In clin. trials, olanzapine demonstrates a favorable safety profile. The most frequently reported treatment-emergent adverse events are somnolence, schizophrenic reaction, insomnia, headache, agitation, rhinitis, and weight gain. Significantly fewer EPS (based on formal rating scales) and incidences of tardive dyskinesia have been reported for olanzapine compared with haloperidol. Olanzapine has not been associated with persistent elevations of prolactin above the upper limit of normal nor has it been associated with clin. significant changes in cardiac QTc interval. Fewer incidences of suicide attempts have been reported with olanzapine compared with placebo, haloperidol, or risperidone treatments. There is evidence that olanzapine may be effective in the treatment of mood disorders, psychosis associated with. Alzheimer's disease, obsessive-compulsive disorder, pervasive developmental disorders, and delirium. Patients with schizophrenia have been successfully switched from other antipsychotics to olanzapine. In conclusion, olanzapine offers a significantly improved risk-to-benefit profile compared with haloperidol and possibly risperidone, and thus should be considered an important treatment option for schizophrenia and related disorders.

AN 2001:49031 HCAPLUS <<LOGINID::20100601>>
DN 135:86379
TI Olanzapine: Preclinical and clinical profiles of a novel antipsychotic agent
AU Tollefson, Gary D.; Taylor, Cindy C.
CS Lilly Research Laboratories Lilly Corporate Center, Eli Lilly and Company, Indianapolis, IN, 46285, USA
SO CNS Drug Reviews (2000), 6(4), 303-363
CODEN: CDREFB; ISSN: 1080-563X
PB Neva Press
DT Journal; General Review
LA English
OSC.G 2 THERE ARE 2 CAPLUS RECORDS THAT CITE THIS RECORD (2 CITINGS)
RE.CNT 278 THERE ARE 278 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L15 ANSWER 27 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN
TI Methods and compositions for the treatment of neuroleptic and related disorders using sertindole derivatives
AB The invention relates to novel methods using, and pharmaceutical compns. and dosage forms comprising, sertindole derivs. Sertindole derivs. include, but are not limited to, nor-sertindole, 5-oxo-sertindole, dehydro-sertindole, and dehydro-nor-sertindole. The methods of the invention are directed to the treatment and prevention of neuroleptic and related disorders such as, but are not limited to, psychotic disorders, depression, anxiety, substance addiction, memory impairment and pain. For example, capsules were prepared containing a sertindole derivative 50.0
mg, lactose 48.5 mg, TiO2 0.5 mg, and Mg stearate 1.0 mg.
AN 2000:861482 HCAPLUS <<LOGINID::20100601>>
DN 134:32977

TI Methods and compositions for the treatment of neuroleptic and related disorders using sertindole derivatives
IN Jerussi, Thomas P.
PA Sepracor Inc., USA
SO PCT Int. Appl., 33 pp.
CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	WO 2000072837	A2	20001207	WO 2000-US14984	20000531 <--
	WO 2000072837	A3	20010517		
	W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CR, CU, CZ, DE, DK, DM, DZ, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
	RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
	US 6489341	B1	20021203	US 2000-580492	20000530 <--
PRAI	US 1999-137447P	P	19990602 <--		
	US 2000-580492	A	20000530 <--		

ASSIGNMENT HISTORY FOR US PATENT AVAILABLE IN LSUS DISPLAY FORMAT
OSC.G 2 THERE ARE 2 CAPLUS RECORDS THAT CITE THIS RECORD (2 CITINGS)
RE.CNT 3 THERE ARE 3 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L15 ANSWER 28 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN
TI Serotoninergic agonists and antagonists for treatment of bronchoconstriction
AB The present invention relates to a compound having agonist activity to the 5-HT4 receptor or antagonist activity to the 5-HT2a receptor and manufacture of a medicament for prophylactic or therapeutic treatment of disorders involving bronchoconstriction of a human or animal, such as asthma, emphysema, chronic bronchitis, chronic obstructive pulmonary disease, depression, anorectic or bulimic eating disorders, anxiety or various psychotic conditions including schizophrenia. Compds. of the present invention have the capacity of reducing the pathol. bronchoconstriction by at least 30%, preferably at least 60%, and most preferably at least 90%.
AN 2000:772451 HCAPLUS <<LOGINID::20100601>>
DN 133:329581
TI Serotoninergic agonists and antagonists for treatment of bronchoconstriction
IN Skogvall, Staffan
PA Respiratorius AB, Swed.
SO PCT Int. Appl., 28 pp.
CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 4

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	WO 2000064441	A2	20001102	WO 2000-SE819	20000428 <--
	WO 2000064441	A3	20010614		
	W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CR, CU, CZ, DE, DK, DM, DZ, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU,				

LV, MA, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE,
SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, US, UZ, VN, YU, ZA, ZW
RW: GH, GM, KE, LS, MW, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE,
DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF,
CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG
EP 1173168 A2 20020123 EP 2000-937417 20000428 <--
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT,
IE, SI, LT, LV, FI, RO
JP 2002542287 T 20021210 JP 2000-613432 20000428 <--
WO 2000076500 A2 20001221 WO 2000-SE1267 20000615 <--
WO 2000076500 A3 20010712
W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CR,
CU, CZ, DE, DK, DM, DZ, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU,
ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU,
LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PL, PT, RO, RU, SD,
SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, US, UZ, VN, YU,
ZA, ZW
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY,
DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ,
CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG
AU 2000058619 A 20010102 AU 2000-58619 20000615 <--
EP 1185263 A2 20020313 EP 2000-944534 20000615 <--
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT,
IE, SI, LT, LV, FI, RO
JP 2003501462 T 20030114 JP 2001-502833 20000615 <--
US 20020173505 A1 20021121 US 2001-984329 20011029 <--
PRAI SE 1999-1531 A 19990428 <--
US 1999-131355P P 19990428 <--
SE 1999-1906 A 19990526 <--
US 1999-136604P P 19990527 <--
SE 1999-2251 A 19990615 <--
SE 1999-2252 A 19990615 <--
US 1999-139632P P 19990617 <--
US 1999-139633P P 19990617 <--
WO 2000-SE819 W 20000428 <--
WO 2000-SE1267 W 20000615 <--
OSC.G 16 THERE ARE 16 CAPLUS RECORDS THAT CITE THIS RECORD (16 CITINGS)
RE.CNT 4 THERE ARE 4 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L15 ANSWER 29 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN
TI Nefazodone in the adjunctive therapy of schizophrenia: An open-label exploratory study
AB Compared to conventional antipsychotic medications, atypical antipsychotic medications demonstrate greater central serotonin (5HT2) receptor antagonism than dopamine type 2 (D2) receptor antagonism. Nefazodone, an antidepressant medication, exhibits 5HT2 receptor antagonism; we therefore wondered if its addition to stable regimens of antipsychotic medication would increase antipsychotic efficacy, independently of a primary effect on mood, through the mechanism of augmented 5HT2 receptor antagonism. In a pilot investigation, we administered nefazodone (400 mg/d) for 6 wk as an open-label adjunct to antipsychotic medication in 10 patients with chronic schizophrenia. The patients were moderately depressed at baseline but did not meet criteria for major depressive episode. The Brief Psychiatric Rating Scale (BPRS) and Montgomery-Asberg Depression Rating Scale scores showed statistically significant and clin. robust improvements with nefazodone treatment, which were maintained at follow-up evaluation 2 wk after the end of nefazodone treatment. There were no adverse events. These results suggest that nefazodone may be a safe and effective adjunct to antipsychotic medications in schizophrenia and that augmentation of

5HT2 antagonism may prove to be a viable strategy for "boosting" antipsychotic efficacy and for treating depressive symptoms in schizophrenia.

AN 2000:753368 HCAPLUS <<LOGINID::20100601>>
DN 134:320731
TI Nefazodone in the adjunctive therapy of schizophrenia: An open-label exploratory study
AU Rosenberg, Paul B.; Rosse, Richard B.; Schwartz, Barbara L.; Deutsch, Stephen I.
CS Mental Health Service Line, Georgetown University School of Medicine, Washington, DC, USA
SO Clinical Neuropharmacology (2000), 23(4), 222-225
CODEN: CLNEDB; ISSN: 0362-5664
PB Lippincott Williams & Wilkins
DT Journal
LA English
OSC.G 2 THERE ARE 2 CAPLUS RECORDS THAT CITE THIS RECORD (2 CITINGS)
RE.CNT 28 THERE ARE 28 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L15 ANSWER 30 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN
TI A novel approach to the identification of psychiatric drugs: serotonin-glutamate interactions in the prefrontal cortex
AB A review with 83 refs. Activation of neocortical 5-hydroxytryptamine2A (5-HT2A) receptors is thought to mediate the profound psychomimetic effects of hallucinogenic drugs such as LSD and mescaline. These effects include alteration in mood, perception, and cognition. Conversely, blockade of neocortical 5-HT2A receptor may be related to the thymoleptic effects of newly released antidepressant (e.g., mirtazepine, nefazodone) and atypical antipsychotic drugs (e.g., risperidone, olanzapine). Therefore, one strategy to develop novel antidepressant drugs might be to identify drugs which suppress the effects of 5-HT2A receptor activation in key neurocircuits. Electrophysiol. expts. using in vitro rat slices of the medial prefrontal cortex have found that activation of 5-HT2A receptors results in glutamate release from thalamocortical terminals by a novel focal effect. A number of monoamine (5-HT1/7, β2), metabotropic glutamate (mGlu2), and neuropeptide (μ-opioid) receptors suppress the glutamate release induced by 5-HT2A receptor activation. Clin. studies examining the effects of serotonin or catecholamine depletion suggest the activation of 5-HT or catecholamine receptors mediate the therapeutic effects of selective serotonin reuptake inhibitors (SSRIs) or tricyclic antidepressants (TCAs), resp. In addition, opiate agonists may have antidepressant properties. Therefore, it is suggested that elucidation of the specific receptors that suppress glutamate release induced by 5-HT2A receptor activation in the medial prefrontal cortex may have several effects. First, this might lead to a more complete understanding of the 5-HT receptor(s) that mediate the therapeutic effects of presently used drugs such as SSRIs. This site might be a therapeutic target free of side effects such as sexual dysfunction. Second, this strategy might lead to novel therapeutic targets for depression, such as metabotropic glutamate agonists which may not be efficacious in screening strategies primarily dependent on synaptic availability of monoaminergic neurotransmitters.
AN 2000:716745 HCAPLUS <<LOGINID::20100601>>
DN 134:25436
TI A novel approach to the identification of psychiatric drugs: serotonin-glutamate interactions in the prefrontal cortex
AU Marek, Gerard J.
CS Yale School of Medicine, New Haven, CT, 06508, USA
SO CNS Drug Reviews (2000), 6(3), 206-218

CODEN: CDREFB; ISSN: 1080-563X
PB Neva Press
DT Journal; General Review
LA English
OSC.G 2 THERE ARE 2 CAPLUS RECORDS THAT CITE THIS RECORD (2 CITINGS)
RE.CNT 83 THERE ARE 83 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L15 ANSWER 31 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN
TI A double-blind, placebo-controlled study of risperidone addition in serotonin reuptake inhibitor-refractory obsessive-compulsive disorder
AB To date, only 1 controlled study has found a drug (haloperidol) to be efficacious in augmenting response in patients with obsessive-compulsive disorder (OCD) refractory to serotonin reuptake inhibitor (SRI) monotherapy; patients with comorbid chronic tic disorders showed a preferential response. This report describes the first controlled study of risperidone addition in patients with OCD refractory to treatment with SRI alone. Seventy adult patients with a primary DSM-IV diagnosis of OCD received 12 wk of treatment with an SRI. Thirty-six patients were refractory to the SRI and were randomized in a double-blind manner to 6 wk of risperidone (n=20) or placebo (n=16) addition Behavioral ratings, including the Yale-Brown Obsessive Compulsive Scale, were obtained at baseline and throughout the trial. Placebo-treated patients subsequently received an identical open-label trial of risperidone addition For study completers, 9 (50%) of 18 risperidone-treated patients were responders (mean daily dose, 2.2±0.7 mg/d) compared with 0 of 15 in the placebo addition group (P<.005). Seven (50%) of 14 patients who received open-label risperidone addition responded. Risperidone addition was superior to placebo in
reducing OCD (P<.001), depressive (P<.001), and anxiety (P=.003) symptoms. There was no difference in response between OCD patients with and without comorbid diagnoses of chronic tic disorder or schizo-typal personality disorder. Other than mild, transient sedation, risperidone was well tolerated. These results suggest that OCD patients with and without comorbid chronic tic disorders or schizo-typal personality disorder may respond to the addition of low-dose risperidone to ongoing SRI therapy.
AN 2000:596352 HCAPLUS <<LOGINID::20100601>>
DN 134:80743
TI A double-blind, placebo-controlled study of risperidone addition in serotonin reuptake inhibitor-refractory obsessive-compulsive disorder
AU McDougle, Christopher J.; Epperson, C. Neill; Pelton, Gregory H.; Wasylink, Suzanne; Price, Lawrence H.
CS Department of Psychiatry, Indiana University School of Medicine, Indianapolis, USA
SO Archives of General Psychiatry (2000), 57(8), 794-801
CODEN: ARGPAQ; ISSN: 0003-990X
PB American Medical Association
DT Journal
LA English
OSC.G 108 THERE ARE 108 CAPLUS RECORDS THAT CITE THIS RECORD (108 CITINGS)
RE.CNT 31 THERE ARE 31 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L15 ANSWER 32 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN
TI Synergistic Effects of Olanzapine and Other Antipsychotic Agents in Combination with Fluoxetine on Norepinephrine and Dopamine Release in Rat Prefrontal Cortex
AB To understand the mechanism of the clin. efficacy of olanzapine and

fluoxetine combination therapy for treatment-resistant depression (TRD), we studied the effects of olanzapine and other antipsychotics in combination with the selective serotonin uptake inhibitors fluoxetine or sertraline on neurotransmitter release in rat prefrontal cortex (PFC) using microdialysis. The combination of olanzapine and fluoxetine produced robust, sustained increases of extracellular levels of dopamine ([DA]ex) and norepinephrine ([NE]ex) up to 361±28% and 272±16% of the baseline, resp., which were significantly greater than either drug alone. This combination produced a slightly smaller increase of serotonin ([5-HT]ex) than fluoxetine alone. The combination of clozapine or risperidone with fluoxetine produced less robust and persistent increases of [DA]ex and [NE]ex. The combination of haloperidol or MDL 100907 with fluoxetine did not increase the monoamines more than fluoxetine alone. Olanzapine plus sertraline combination increased only [DA]ex. Therefore, the large, sustained increase of [DA]ex, [NE]ex, and [5-HT]ex in PFC after olanzapine-fluoxetine treatment was unique and may contribute to the profound antidepressive effect of the olanzapine and fluoxetine therapy in TRD.

AN 2000:565105 HCAPLUS <<LOGINID::20100601>>
DN 134:125804
TI Synergistic Effects of Olanzapine and Other Antipsychotic Agents in Combination with Fluoxetine on Norepinephrine and Dopamine Release in Rat Prefrontal Cortex
AU Zhang, W.; Perry, K. W.; Wong, D. T.; Potts, B. D.; Bao, J.; Tollefson, G. D.; Bymaster, F. P.
CS Neuroscience Research Division, Lilly Research Laboratories, Lilly Corporate Center, Indianapolis, IN, USA
SO Neuropsychopharmacology (2000), 23(3), 250-262
CODEN: NEROEW; ISSN: 0893-133X
PB Elsevier Science Inc.
DT Journal
LA English
OSC.G 105 THERE ARE 105 CAPLUS RECORDS THAT CITE THIS RECORD (106 CITINGS)
RE.CNT 46 THERE ARE 46 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L15 ANSWER 33 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN
TI Association analysis of the 5-HT5A gene in depression, psychosis and antipsychotic response
AB The serotonergic system is targeted by both antidepressants and atypical antipsychotic drugs such as clozapine. Genetic variation in the 5-HT5A gene might be involved in susceptibility to depression or the major psychoses or in influencing clin. response to treatment. To examine this hypothesis, two polymorphisms (-19G/C; 12A/T) in the human 5-HT5A receptor gene were genotyped in a sample of 269 unrelated schizophrenic patients treated with clozapine, 112 bipolar patients, 75 unipolar patients, and 187 controls. After 5-fold correction for multiple testing, allelic association was found with the -19G/C polymorphism and bipolar affective disorder, unipolar depression , and schizophrenia, indicating a potential protective effect of the G19 allele. For the 12A/T polymorphism allelic association was observed with unipolar depression only. Thus, allelic variation in the human 5-HT5A receptor gene may be involved in susceptibility to schizophrenia and affective disorders but not in determining response to clozapine.
AN 2000:478478 HCAPLUS <<LOGINID::20100601>>
DN 133:348602
TI Association analysis of the 5-HT5A gene in depression, psychosis and antipsychotic response
AU Birkett, Joseph T.; Arranz, Maria J.; Munro, Janet; Osbourn, Sarah; Kerwin, Robert W.; Collier, David A.
CS Section of Clinical Neuropharmacology, Division of Psychological Medicine,

Institute of Psychiatry, London, SE5 8AF, UK
SO NeuroReport (2000), 11(9), 2017-2020
CODEN: NERPEZ; ISSN: 0959-4965
PB Lippincott Williams & Wilkins
DT Journal
LA English
OSC.G 42 THERE ARE 42 CAPLUS RECORDS THAT CITE THIS RECORD (43 CITINGS)
RE.CNT 28 THERE ARE 28 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L15 ANSWER 34 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN
TI Effects of the CRF1 receptor antagonist, CP 154,526, in the separation-induced vocalization anxiolytic test in rat pups
AB CRF1 receptor antagonists have been proposed as novel pharmacol. treatments for depression, anxiety and stress disorders. The primary goal of the present study was to evaluate the effects of the CRF1 receptor antagonist, CP 154,526, in the separation-induced vocalization (SIV) model of anxiety. Nine- to 11-day-old rat pups were separated from their litter and the effects of i.p. administered test compds. on the elicited ultrasonic vocalizations were measured. Side-effect potential was assessed using a modified inclined plane test ('time on an inclined plane', or TIP), and using neg. geotaxis. SIV was reduced by CP 154,526 at doses that did not affect TIP or neg. geotaxis, a profile like that of the 5-HT1A partial agonist buspirone. The benzodiazepine anxiolytic, diazepam, decreased SIV but also produced significant side effects at one to three-fold higher doses. Addnl. pharmacol. characterization of SIV demonstrated anxiolytic-like effects of the atypical antipsychotic, clozapine, but not the typical antipsychotic, haloperidol, and of the serotonin reuptake inhibitor, zimelidine, but not the norepinephrine reuptake inhibitor, desipramine. In summary, the data support the conclusion that selective CRF1 receptor antagonists may have utility in anxiety and stress disorders. The data further support the use of separation-induced vocalizations for identifying mechanistically diverse compds. with anxiolytic actions in man.
AN 2000:322632 HCAPLUS <<LOGINID::20100601>>
DN 133:129772
TI Effects of the CRF1 receptor antagonist, CP 154,526, in the separation-induced vocalization anxiolytic test in rat pups
AU Kehne, J. H.; Coverdale, S.; McCloskey, T. C.; Hoffman, D. C.; Cassella, J. V.
CS Neurogen Corporation, Branford, CT, 06405, USA
SO Neuropharmacology (2000), 39(8), 1357-1367
CODEN: NEPHBW; ISSN: 0028-3908
PB Elsevier Science Ltd.
DT Journal
LA English
OSC.G 38 THERE ARE 38 CAPLUS RECORDS THAT CITE THIS RECORD (38 CITINGS)
RE.CNT 59 THERE ARE 59 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L15 ANSWER 35 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN
TI Atypical antipsychotic agents: a critical review
AB A review with 155 refs. The pharmacol., efficacy, and adverse effects of atypical antipsychotic agents when used to treat schizophrenia and other disorders are reviewed. Atypical antipsychotic agents were developed in response to problems with typical agents, including lack of efficacy in some patients, lack of improvement in neg. symptoms, and troublesome adverse effects, especially extrapyramidal symptoms (EPSs) and tardive dyskinesia (TD). Atypical antipsychotics differ from typical psychotics in their "limbic-specific" dopamine type 2 (D2)-receptor binding and high ratio of serotonin

type 2 (5-HT2)-receptor binding to D2 binding. In clin. trials in patients with non-treatment-resistant schizophrenia, risperidone and olanzapine were superior to placebo for pos. and neg. symptoms. Risperidone and olanzapine were superior to haloperidol on some measures. Quetiapine was better than placebo but was not better than typical antipsychotics. Head-to-head comparisons of atypical antipsychotics in non-treatment-resistant schizophrenia have been inconclusive. Clozapine remains the standard agent for treatment-resistant schizophrenia. Atypical agents are substantially more expensive than their typical antipsychotic counterparts. To fully determine the overall efficiency of these drugs, other potential benefits, such as improved quality of life, need to be factored in. Atypical antipsychotics are associated with a decreased capacity to cause EPSs, TD, neuroleptic malignant syndrome, and hyperprolactinemia. Clozapine carries a risk of agranulocytosis; the white blood cell count must be monitored. Atypical antipsychotics are increasingly being used for indications other than schizophrenia, such as the management of aggression, mania, and depression. Atypical antipsychotics are often considered first-line agents for treating schizophrenia and are promising treatment alternatives for other psychiatric and neurol. conditions.

AN 2000:110433 HCAPLUS <<LOGINID::20100601>>
DN 132:146053
TI Atypical antipsychotic agents: a critical review
AU Worrel, Jodi A.; Marken, Patricia A.; Beckman, Stephanie E.; Ruether, Valerie L.
CS Psychiatry, St. Cloud Veterans Affairs Medical Center, St. Cloud, MN, USA
SO American Journal of Health-System Pharmacy (2000), 57(3), 238-255
CODEN: AHSPEK; ISSN: 1079-2082
PB American Society of Health-System Pharmacists
DT Journal; General Review
LA English
OSC.G 61 THERE ARE 61 CAPLUS RECORDS THAT CITE THIS RECORD (61 CITINGS)
RE.CNT 155 THERE ARE 155 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L15 ANSWER 36 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN
TI Behavioral pharmacology of cis-flupentixol compared to typical and atypical neuroleptics, anxiolytics, and antidepressives
AB The behavioral profile was studied of cis-flupentixol in various animal models in comparison with the typical neuroleptic haloperidol, the atypical neuroleptic clozapine, the benzodiazepinanxiolytic diazepam, and the tricyclic antidepressant amitriptyline. Flupentixol was effective in 2 psychosis and 1 anxiety model. Its profile showed similarities with that of clozapin and was contrary to G2that of haloperidol. Some similarities were found between flupentixol and amitriptylin in a depression model.
AN 2000:250 HCAPLUS <<LOGINID::20100601>>
DN 132:44886
TI Behavioral pharmacology of cis-flupentixol compared to typical and atypical neuroleptics, anxiolytics, and antidepressives
AU De Vry, J.
CS Germany
SO Flupentixol - Typisches oder Atypisches Wirkspektrum? : Pharmakologie, Antipsychotische Wirkung, neue Indikationen (1998), 23-34.
Editor(s): Glaser, T.; Soyka, M. Publisher: Dr. Dietrich Steinkopff Verlag GmbH & Co. KG, Darmstadt, Germany.
CODEN: 68MEAY
DT Conference
LA German
OSC.G 1 THERE ARE 1 CAPLUS RECORDS THAT CITE THIS RECORD (1 CITINGS)

RE.CNT 24 THERE ARE 24 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L15 ANSWER 37 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN
TI Combination therapy of atypical antipsychotics and serotonin reuptake inhibitors for treatment of bipolar disorders
AB The invention provides methods and compns. for the treatment of bipolar disorder, bipolar depression or unipolar depression, all with or without psychotic features. This method employs a compound having activity as an atypical antipsychotic in combination with an effective amount of a second compound selected from the group consisting of a serotonin reuptake inhibitor, an anticonvulsant and lithium. Pharmaceutical formulations of combination of drugs of the invention are presented. E.g., hard gelatin capsules were prepared containing olanzapine 25 mg, fluoxetine-HCl 20 mg, starch 150 mg, and Mg stearate 10 mg. In a double blind trial in patients diagnosed with treatment-resistant major depression, the administration of fluoxetine plus olanzapine (20-60 mg/day and 5-20 mg/day, resp.) resulted in a greater improvement on the HAMD-21 score than either of the monotherapy.
AN 1999:783941 HCAPLUS <<LOGINID::20100601>>
DN 132:9033
TI Combination therapy of atypical antipsychotics and serotonin reuptake inhibitors for treatment of bipolar disorders
IN Tollefson, Gary Dennis
PA Eli Lilly and Company, USA
SO PCT Int. Appl., 37 pp.
CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	WO 9962522	A1	19991209	WO 1999-US11314	19990521 <--
	W: AE, AL, AM, AU, AZ, BA, BB, BG, BR, BY, CA, CN, CU, CZ, EE, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, RO, RU, SD, SG, SI, SK, SL, TJ, TM, TR, TT, UA, UG, US, UZ, VN, YU, ZA, ZW				
	RW: GH, GM, KE, LS, MW, SD, SL, SZ, UG, ZW, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
	CA 2332408	A1	19991209	CA 1999-2332408	19990521 <--
	AU 9940088	A	19991220	AU 1999-40088	19990521 <--
	AU 756468	B2	20030116		
	EP 966967	A2	19991229	EP 1999-303968	19990521 <--
	EP 966967	A3	20000531		
	R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO				
	BR 9911068	A	20010206	BR 1999-11068	19990521 <--
	TR 2000003525	T2	20010420	TR 2000-3525	19990521 <--
	HU 2001002511	A2	20011128	HU 2001-2511	19990521 <--
	JP 2002516864	T	20020611	JP 2000-551778	19990521 <--
	NZ 507981	A	20031031	NZ 1999-507981	19990521 <--
	MX 2000011354	A	20010419	MX 2000-11354	20001117 <--
	HR 2000000798	A2	20011031	HR 2000-798	20001120 <--
	NO 2000005884	A	20010124	NO 2000-5884	20001121 <--
	ZA 2000006817	A	20020221	ZA 2000-6817	20001121 <--
	US 20030027817	A1	20030206	US 2002-165850	20020607 <--
PRAI	US 1998-87126P	P	19980529 <--		
	WO 1999-US11314	W	19990521 <--		
	US 2000-700446	B1	20001109 <--		

OSC.G 12 THERE ARE 12 CAPLUS RECORDS THAT CITE THIS RECORD (12 CITINGS)

RE.CNT 10 THERE ARE 10 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L15 ANSWER 38 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN
TI Compositions and methods employing R(-)fluoxetine and other active ingredients
AB Pharmaceutical compns. which comprise R(-) fluoxetine and one or more other biol. active compds. e.g. a benzodiazepine compound, a tricyclic antidepressant, a 5-HT1A receptor antagonist, a 5-HT3 receptor agonist, a β-adrenergic antagonist, an antipsychotic agent, an anti-anxiolytic or other psychotropic drug, are disclosed. Methods of treating or preventing a disease or disorder, especially a psychotic or psychiatric disease or disorder, using the above pharmaceutical composition or by administering a R(-)fluoxetine in combination with one or more other biol. active compds. are also disclosed. Methods of treating patients having or at risk of having AIDS or HIV infection, cancer, cardiac disorder, post-myocardial depression and post-traumatic stress disorder using optically pure R(-)fluoxetine in combination with one or more other biol. active compds. are further disclosed.
AN 1999:763863 HCAPLUS <<LOGINID::20100601>>
DN 132:6368
TI Compositions and methods employing R(-)fluoxetine and other active ingredients
IN Barberich, Timothy J.; Rubin, Paul D.; Handley, Dean A.
PA Sepracor Inc., USA
SO PCT Int. Appl., 41 pp.
CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 2

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	WO 9961014	A2	19991202	WO 1999-US11725	19990527 <--
	WO 9961014	A3	20000720		
	W: AE, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CU, CZ, DE, DK, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, UA, UG, UZ, VN, YU, ZA, ZW				
	RW: GH, GM, KE, LS, MW, SD, SL, SZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
	AU 9941006	A	19991213	AU 1999-41006	19990527 <--
	US 20020151543	A1	20021017	US 2002-158886	20020603 <--
PRAI	US 1998-86262	A	19980528 <--		
	US 1998-177703	B2	19981023 <--		
	WO 1999-US11725	W	19990527 <--		
	US 2000-664732	B3	20000919 <--		

OSC.G 10 THERE ARE 10 CAPLUS RECORDS THAT CITE THIS RECORD (10 CITINGS)
RE.CNT 12 THERE ARE 12 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L15 ANSWER 39 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN
TI Combination of 5-HT3 receptor antagonist and serotonin reuptake inhibitor for treatment of depression
AB The present invention provides a method for treating a patient suffering from depression, comprising administering to said patient an effective amount of a first component which is a 5-HT3 receptor antagonist, in combination with an effective amount of a second component which is a serotonin reuptake inhibitor wherein improvement in sexual dysfunction and/or reduction in gastrointestinal side effects is recognized.

Various formulations were prepared E.g., a tablet was prepared using zatosetron 10, fluoxetine HCl 10, microcryst. cellulose 275, fumed silica 10, and stearic acid 5 mg, resp.

AN 1999:753081 HCAPLUS <<LOGINID::20100601>>
DN 131:346552
TI Combination of 5-HT3 receptor antagonist and serotonin reuptake inhibitor for treatment of depression
IN Michelson, David; Tollefson, Gary Dennis
PA Eli Lilly and Company, USA
SO PCT Int. Appl., 25 pp.
CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	WO 9959593	A1	19991125	WO 1999-US10092	19990510 <--
	W: AE, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CU, CZ, DE, DK, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, UA, UG, US, UZ, VN, YU, ZA, ZW				
	RW: GH, GM, KE, LS, MW, SD, SL, SZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
	CA 2332253	A1	19991125	CA 1999-2332253	19990510 <--
	AU 9938912	A	19991206	AU 1999-38912	19990510 <--
	EP 1077704	A1	20010228	EP 1999-921795	19990510 <--
	R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, PT, IE, SI, LT, LV, FI, RO				
	JP 2002515435	T	20020528	JP 2000-549258	19990510 <--
PRAI	US 1998-86268P	P	19980521 <--		
	WO 1999-US10092	W	19990510 <--		

OSC.G 6 THERE ARE 6 CAPLUS RECORDS THAT CITE THIS RECORD (8 CITINGS)
RE.CNT 7 THERE ARE 7 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L15 ANSWER 40 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN
TI Atypical antipsychotic agent-serotonin reuptake inhibitor combinations for therapy of refractory depression
AB Methods and compns. are provided for the treatment of depressive states refractory to treatment with traditional antidepressive therapies alone. These methods and compns. employ a compound having activity as an atypical antipsychotic (e.g. olanzapine) and a serotonin reuptake inhibitor (e.g. fluoxetine). This invention also provides methods of providing rapid onset treatments of major depression which employing a compound having activity as an atypical antipsychotic and a serotonin reuptake inhibitor.
AN 1999:752863 HCAPLUS <<LOGINID::20100601>>
DN 131:346550
TI Atypical antipsychotic agent-serotonin reuptake inhibitor combinations for therapy of refractory depression
IN Tollefson, Gary Dennis
PA Eli Lilly and Co., USA
SO Eur. Pat. Appl., 15 pp.
CODEN: EPXXDW
DT Patent
LA English

FAN.CNT 2

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	EP 958824	A2	19991124	EP 1999-303969	19990521 <--
	EP 958824	A3	19991201		
	R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO				
	TR 2000003443	T2	20010321	TR 2000-3443	19990521 <--
	CN 1154496	C	20040623	CN 1999-809071	19990521 <--
	TW 226829	B	20050121	TW 1999-88108382	19990521 <--
	ZA 2000006815	A	20020114	ZA 2000-6815	20001121 <--
PRAI	US 1998-86444P	P	19980522 <--		

OSC.G 5 THERE ARE 5 CAPLUS RECORDS THAT CITE THIS RECORD (5 CITINGS)

L15 ANSWER 41 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN

TI Methods for treating neuropsychiatric disorders

AB The invention provides methods for treating neuropsychiatric disorders such as schizophrenia, Alzheimer's Disease, autism, depression, benign forgetfulness, childhood learning disorders, close head injury, and attention deficit disorder. The methods entail administering to a patient with a neuropsychiatric disorder a pharmaceutical composition containing (i) a therapeutically effective amount of D-alanine (or a modified form), provided that the composition is substantially free of D-cycloserine, and/or (ii) D-serine (or a modified form), and/or (iii) 105 to 500 mg of D-cycloserine (or a modified form), and/or (iv) N-methylglycine (or a modified form). Using double-blind conditions, patients were randomly assigned to receive placebo (fruit juice), D-serine 30, D-alanine 60-100, or N-methylglycine 30 mg/kg/day once a day by mouth for 6 wk. Treatment with D-serine, D-alanine, or N-methylglycine improved the schizophrenic symptoms and cognitive deficit of the patients. Specifically, treatment with D-serine resulted in a 21% reduction of the neg. symptoms (on the SANS scale), and it resulted in a 17% reduction of the pos. symptoms. Treatment with D-alanine resulted in an 11% reduction of the neg. symptoms and a 12% reduction of the pos. symptoms. Reatment with N-methylglycine resulted in a 20% reduction of the neg. symptoms and a 15% reduction of the pos. symptoms. These redns. in the neg. and pos. symptoms represented clin. significant improvement.

AN 1999:672562 HCAPLUS <<LOGINID::20100601>>

DN 131:281590

TI Methods for treating neuropsychiatric disorders

IN Tsai, Guochuan; Coyle, Joseph

PA The General Hospital Corporation, USA

SO PCT Int. Appl., 27 pp.

CODEN: PIXXD2

DT Patent

LA English

FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	WO 9952519	A2	19991021	WO 1999-US8056	19990414 <--
	WO 9952519	A3	19991202		
	W: AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CU, CZ, DE, DK, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, UA, UG, UZ, VN, YU, ZW				
	RW: GH, GM, KE, LS, MW, SD, SL, SZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
	CA 2328197	A1	19991021	CA 1999-2328197	19990414 <--
	CA 2328197	C	20071120		

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     CA 2601132           A1    19991021    CA 1999-2601132        19990414 <--
     AU 9935571           A     19991101    AU 1999-35571          19990414 <--
     AU 765603            B2    20030925
     EP 1073432           A2    20010207    EP 1999-917453         19990414 <--
     EP 1073432           B1    20070815
         R:  AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT,
             IE, FI, CY
     US 6228875           B1    20010508    US 1999-291296         19990414 <--
     HU 2001001627        A2    20011028    HU 2001-1627           19990414 <--
     HU 2001001627        A3    20030228
     JP 2002511409        T     20020416    JP 2000-543129         19990414 <--
     RU 2219924           C2    20031227    RU 2000-128654         19990414 <--
     NZ 508160            A     20040130    NZ 1999-508160         19990414 <--
     IL 139008            A     20060221    IL 1999-139008         19990414 <--
     AT 369848            T     20070915    AT 1999-917453         19990414 <--
     EP 1844769           A2    20071017    EP 2007-75595          19990414 <--
     EP 1844769           A3    20100210
         R:  AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LI, LU, MC,
             NL, PT, SE
     PT 1073432           E     20071022    PT 1999-917453         19990414 <--
     ES 2164040           T3    20080201    ES 1999-917453         19990414 <--
     MX 2000010009        A     20010521    MX 2000-10009          20001013 <--
     US 20020035145       A1    20020321    US 2001-834351         20010413 <--
     US 6420351           B2    20020716
     HK 1036583           A1    20080606    HK 2001-105482         20010807 <--
     US 20020193429       A1    20021219    US 2002-196686         20020715 <--
     US 6667297           B2    20031223
     US 20040092530       A1    20040513    US 2003-668583         20030923 <--
     US 6974821           B2    20051213
     US 20050250851       A1    20051110    US 2005-175832         20050705 <--
     US 7704978           B2    20100427
PRAI US 1998-81645P       P     19980414  <--
     US 1998-81654P       P     19980414  <--
     CA 1999-2328197      A3    19990414  <--
     EP 1999-917453       A3    19990414  <--
     US 1999-291296       A1    19990414  <--
     WO 1999-US8056       W     19990414  <--
     US 2001-834351       A1    20010413  <--
     US 2002-196686       A1    20020715
     US 2003-668583       A1    20030923
ASSIGNMENT HISTORY FOR US PATENT AVAILABLE IN LSUS DISPLAY FORMAT
OSC.G   23    THERE ARE 23 CAPLUS RECORDS THAT CITE THIS RECORD (24 CITINGS)
RE.CNT  8     THERE ARE 8 CITED REFERENCES AVAILABLE FOR THIS RECORD
              ALL CITATIONS AVAILABLE IN THE RE FORMAT

L15  ANSWER 42 OF 62  HCAPLUS  COPYRIGHT 2010 ACS on STN
TI   Controlled, double-blind investigation of the clozapine discontinuation
     symptoms with conversion to either olanzapine or placebo
AB   The abrupt appearance of clozapine discontinuation symptoms represents a
     particularly unique situation that has not been characterized in a
     double-blind, placebo-controlled trial.  A randomized, double-blind
     comparison of placebo (N = 53) and olanzapine 10 mg (N = 53) for 3 to 5
     days following the abrupt discontinuation of clozapine (≤300
     mg/day) was carried out.  Subjects were assessed with the Pos. and Neg.
     Syndrome Scale (PANSS), the Clin. Global Impression Scale of Severity, the
     Montgomery-Asberg Depression Rating Scale (MADRS), and the
     Mini-Mental State Evaluation.  Subsequently both groups received
     open-label olanzapine (10-25 mg/day) for an addnl. 9 wk.  Statistically
     significantly more placebo-treated (24.5%) than olanzapine-treated (7.5%)
     patients experienced clozapine discontinuation symptoms (p = 0.017).  Core
     symptoms included delusions, hallucinations, hostility, and paranoid
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reaction and translated into a significantly higher worsening from baseline on the PANSS total, PANSS General Psychopathol. subscale, and MADRS among subjects randomly assigned to receive placebo. After open-label treatment with olanzapine for 9 wk, both groups were clin. stable, suggesting that the discontinuation symptoms were transient. However, subjects who had been randomly assigned to the 3- to 5-day placebo discontinuation segment achieved somewhat less global clin. improvement. Although a pharmacol. interpretation is speculative, evidence of a clozapine discontinuation syndrome was apparent. In most cases, the direct substitution of a pharmacol. similar agent (olanzapine) prevented the syndrome. Clozapine discontinuation or noncompliance should be considered in the differential assessment of an acutely emergent psychosis. The possibility that subjects who experience a clozapine discontinuation syndrome may take longer or are less likely to clin. restabilize warrants further investigation.

AN 1999:657047 HCAPLUS <<LOGINID::20100601>>

DN 131:266967

TI Controlled, double-blind investigation of the clozapine discontinuation symptoms with conversion to either olanzapine or placebo

AU Tollefson, Gary D.; Dellva, Mary Anne; Mattler, Carole A.; Kane, John M.; Wirshing, Donna A.; Kinon, Bruce J.; Ames, Donna; Cohn, Cal K.; Daniel, David G.; Clark, Scott C.; Horne, Robert L.; Kane, John M.; Levine, Robert; Miller, Marvin; Nemeroff, Charles B.; Reinstein, Michael R.; Smith, Thomas E.

CS The Collaborative Crossover Study Group, Psychopharmacology Division, Lilly Research Laboratories, Lilly Corporate Center, Eli Lilly and Company, Indianapolis, IN, 46285, USA

SO Journal of Clinical Psychopharmacology (1999), 19(5), 435-443
CODEN: JCPYDR; ISSN: 0271-0749

PB Lippincott Williams & Wilkins

DT Journal

LA English

OSC.G 9 THERE ARE 9 CAPLUS RECORDS THAT CITE THIS RECORD (9 CITINGS)

RE.CNT 51 THERE ARE 51 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L15 ANSWER 43 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN

TI Is amoxapine an atypical antipsychotic?
Positron-emission tomography investigation of its dopamine2 and serotonin2 occupancy

AB All currently available atypical antipsychotics have, at clin. relevant doses: i) high serotonin (5-HT)2 occupancy; ii) greater 5-HT2 than dopamine (D)2 occupancy; and iii) a higher incidence of extrapyramidal side effects when their D2 occupancy exceeds 80%. A review of pharmacol. and behavioral data suggested that amoxapine should also conform to this profile; therefore, we undertook a positron-emission tomog. (PET) study of its 5-HT2 and D2 occupancy. Seven healthy volunteers received 50-250 mg/day of amoxapine for 5 days and then had [11C]-raclopride and [18F]-setoperone PET scans. 5-HT2 receptors showed near saturation at doses of 100 mg/day and above. The D2 receptor occupancies showed a dose-dependent increase, never exceeding 80%; at all doses 5-HT2 occupancy exceeded D2 occupancy. PET data show that amoxapine's profile is very similar to that of the established atypical antipsychotics. These data, together with amoxapine's in vitro pharmacol. profile, effectiveness in animal models, and efficacy in psychotic depression raise the possibility of amoxapine as an "atypical" antipsychotic agent in the treatment of schizophrenia.

AN 1999:353093 HCAPLUS <<LOGINID::20100601>>

DN 131:153673

TI Is amoxapine an atypical antipsychotic?
Positron-emission tomography investigation of its dopamine2 and serotonin2

occupancy
AU Kapur, Shitij; Cho, Raymond; Jones, Corey; McKay, Gordon; Zipursky, Robert B.
CS Center for Addictions and Mental Health, Clarke Institute of Psychiatry, Toronto, ON, M5T 1R8, Can.
SO Biological Psychiatry (1999), 45(9), 1217-1220
CODEN: BIPCBF; ISSN: 0006-3223
PB Elsevier Science Inc.
DT Journal
LA English
OSC.G 12 THERE ARE 12 CAPLUS RECORDS THAT CITE THIS RECORD (12 CITINGS)
RE.CNT 20 THERE ARE 20 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L15 ANSWER 44 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN
TI Risperidone augmentation of selective serotonin reuptake inhibitors in major depression
AB Background: At low doses, risperidone acts as a 5-HT2 antagonist. Preclin. data suggest 5-HT2 antagonists may enhance the action of serotonin. This report examines the clin. use of risperidone to augment selective serotonin reuptake inhibitor (SSRI) antidepressants in patients who have not responded to SSRI therapy. Method: In 8 patients with major depressive disorder without psychotic features (DSM-IV) who had not responded to an SSRI, risperidone was added to the ongoing SSRI treatment. Hamilton Rating Scale for Depression scores were obtained before and after the addition of risperidone. Results: These 8 patients remitted within 1 wk of the addition of risperidone. Risperidone also appeared to have beneficial effects on sleep disturbance and sexual dysfunction. Conclusion: Risperidone may be a useful adjunct to SSRIs in the treatment of depression.
AN 1999:293784 HCAPLUS <<LOGINID::20100601>>
DN 130:332801
TI Risperidone augmentation of selective serotonin reuptake inhibitors in major depression
AU Ostroff, Robert B.; Nelson, J. Craig
CS Spectrum Psychiatric Group, P.C., Hamden, Conn., Hamden, CT, 06518, USA
SO Journal of Clinical Psychiatry (1999), 60(4), 256-259
CODEN: JCLPDE; ISSN: 0160-6689
PB Physicians Postgraduate Press, Inc.
DT Journal
LA English
OSC.G 102 THERE ARE 102 CAPLUS RECORDS THAT CITE THIS RECORD (102 CITINGS)
RE.CNT 17 THERE ARE 17 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L15 ANSWER 45 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN
TI Olanzapine response in psychotic depression
AB Psychotic depression is more common than is generally realized, occurring in an estimated 16% to 54% of depressed patients. In controlled studies of patients with schizophrenia, the atypical antipsychotic olanzapine has been shown to be superior in efficacy to haloperidol at doses of 10 mg/day. Since olanzapine may have antidepressant effects in addition to its antipsychotic properties, the purpose of this study was to assess the safety and efficacy of olanzapine in the treatment of psychotic depression. Hospitalized patients with the discharge diagnosis of DSM-IV psychotic depression (major depression with psychotic features or bipolar I disorder, depressed phase...with psychotic features) who had been treated with olanzapine during the first 9 mo of its availability in the United States were identified. An age- and sex-matched sample of

hospitalized patients with psychotic depression treated with other antipsychotics during the same time period was also identified. The medical records were expunged of all refs. to medication treatment and then reviewed and scored in a blind fashion for indications, doses, response, and side effects. Fifteen psychotic depression patients (10 women, 5 men), aged 36.9 ± 10.1 yr, who were treated with olanzapine were retrospectively compared with 15 psychotic depression patients (10 women, 5 men), aged 35.0 ± 8.2 yr, treated with other antipsychotics. Ten (67%) of 15 patients taking olanzapine were much or very much improved upon discharge compared with only 4 (27%) of 15 patients taking other antipsychotics (Fisher exact test, p = .037). Olanzapine was well tolerated: no patient discontinued the medication because of side effects. Twelve (80%) of 15 patients in each group were taking antidepressants in addition to the antipsychotic. Of the 3 patients taking olanzapine but not taking an antidepressant , 2 were much or very much improved (1 patient taking olanzapine alone, 1 taking olanzapine plus valproate sodium). Olanzapine appears to be effective and safe for patients with psychotic depression. Further prospective studies are warranted to ascertain whether olanzapine's unique pharmacol. profile may make it particularly useful for the treatment of psychotic depression either alone or in combination with antidepressants.

AN 1999:180184 HCAPLUS <<LOGINID::20100601>>
DN 130:262002
TI Olanzapine response in psychotic depression
AU Rothschild, Anthony J.; Bates, Kimberly S.; Boehringer, Kelly L.; Syed, Abdul
CS Department of Psychiatry, University of Massachusetts Medical School, Worcester, MA, USA
SO Journal of Clinical Psychiatry (1999), 60(2), 116-118
CODEN: JCLPDE; ISSN: 0160-6689
PB Physicians Postgraduate Press, Inc.
DT Journal
LA English
OSC.G 37 THERE ARE 37 CAPLUS RECORDS THAT CITE THIS RECORD (37 CITINGS)
RE.CNT 5 THERE ARE 5 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L15 ANSWER 46 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN
TI Switching from clozapine to olanzapine in treatment-refractory schizophrenia: safety, clinical efficacy, and predictors of response
AB In our experience, many of our schizophrenic patients treated with clozapine request the newer atypical antipsychotic agents in order to eliminate the weekly blood monitoring. However, there are few guidelines available to clinicians interested in switching patients successfully treated with clozapine to olanzapine. The goal of this study was to collect preliminary data on the safety, clin. effectiveness, and predictors of response of switching clozapine patients to olanzapine. In an open trial, 19 patients receiving clozapine were switched to olanzapine. Eight (42%) of 19 patients were considered responders. Seven patients decompensated seriously enough to require hospitalization. All 7 of these patients were restabilized on clozapine treatment in the hospital, and olanzapine was discontinued. In an addnl. 4 patients, clin. status worsened, and clozapine doses were titrated upwards and olanzapine was slowly discontinued. Overall, mean total Brief Psychiatric Rating Scale (BPRS) scores increased significantly from baseline to final assessment (p = .02). Responders had been treated for a significantly shorter period of time with clozapine prior to the switch compared to nonresponders (p = .04) and were receiving a lower dose of clozapine (p = .05). The final olanzapine dose did not differ between responders and nonresponders. All responders have remained on olanzapine

treatment and are stable. In this open trial, the crossover from clozapine to olanzapine was generally well tolerated and resulted in a successful transition for 8 of the 19 patients. However, mean scores on the total BPRS and neg. symptom and depressive symptom subscales significantly increased. Caution must be taken in determining which patients may benefit from the switch to olanzapine because of the risk of decompensation and hospitalization. Because this was an open trial, these findings require replication in a controlled trial.
AN 1999:6903 HCAPLUS <<LOGINID::20100601>>
DN 130:218117
TI Switching from clozapine to olanzapine in treatment-refractory schizophrenia: safety, clinical efficacy, and predictors of response
AU Henderson, David C.; Nasrallah, Rima A.; Goff, Donald C.
CS Erich Lindemann Mental Health Center and the Psychiatry Service, Massachusetts General Hospital, Boston, USA
SO Journal of Clinical Psychiatry (1998), 59(11), 585-588
CODEN: JCLPDE; ISSN: 0160-6689
PB Physicians Postgraduate Press, Inc.
DT Journal
LA English
OSC.G 17 THERE ARE 17 CAPLUS RECORDS THAT CITE THIS RECORD (17 CITINGS)
RE.CNT 7 THERE ARE 7 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L15 ANSWER 47 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN
TI A double-blind, placebo-controlled study of risperidone in adults with autistic disorder and other pervasive developmental disorders
AB Neurobiol. research has implicated the dopamine and serotonin systems in the pathogenesis of autism. Open-label reports suggest that the serotonin2A-dopamine D2 antagonist risperidone may be safe and effective in reducing the interfering symptoms of patients with autism. Thirty-one adults (age [mean + SD], 28.1 ± 7.3 yr) with autistic disorder (n = 17) or pervasive developmental disorder not otherwise specified (n = 14) participated in a 12-wk double-blind, placebo-controlled trial of risperidone. Patients treated with placebo subsequently received a 12-wk open-label trial of risperidone. For persons completing the study, 8 (57%) of 14 patients treated with risperidone were categorized as responders (daily dose [mean ± SD], 2.9 ± 1.4 mg) compared with none of 16 in the placebo group (P<.002). Risperidone was superior to placebo in reducing repetitive behavior (P<.001), aggression (P<.001), anxiety or nervousness (P<.02), depression (P<.03), irritability (P<.01), and the overall behavioral symptoms of autism (P<.02). Objective, measurable change in social behavior and language did not occur. Nine (60%) of 15 patients who received treatment with open-label risperidone following the double-blind placebo phase responded. Other than mild, transient sedation, risperidone was well tolerated, with no evidence of extrapyramidal effects, cardiac events, or seizures. Risperidone is more effective than placebo in the short-term treatment of symptoms of autism in adults.
AN 1998:482360 HCAPLUS <<LOGINID::20100601>>
DN 129:254836
OREF 129:51743a,51746a
TI A double-blind, placebo-controlled study of risperidone in adults with autistic disorder and other pervasive developmental disorders
AU Mcdougle, Christopher J.; Holmes, Janice P.; Carlson, Derek C.; Pelton, Gregory H.; Cohen, Donald J.; Price, Lawrence H.
CS Department of Psychiatry, Section of Child and Adolescent Psychiatry, Indiana University School of Medicine, Indianapolis, USA
SO Archives of General Psychiatry (1998), 55(7), 633-641
CODEN: ARGPAQ; ISSN: 0003-990X
PB American Medical Association

DT Journal
LA English
OSC.G 56 THERE ARE 56 CAPLUS RECORDS THAT CITE THIS RECORD (56 CITINGS)
RE.CNT 38 THERE ARE 38 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L15 ANSWER 48 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN
TI A double-blind, controlled comparison of the novel antipsychotic olanzapine versus haloperidol or placebo on anxious and depressive symptoms accompanying schizophrenia
AB Depressive symptoms are a common feature of schizophrenia and may represent a core part of the illness. Where present, it has been associated with greater overall morbidity and mortality. Monotherapy with conventional dopamine antagonists may either worsen or bestow a limited therapeutic benefit. Accordingly the use of adjunctive thymoleptics has been explored. In contrast, olanzapine (OLZ), an atypical antipsychotic agent, offers a distinctive and pleiotropic pharmacol. suggestive of a broader efficacy profile than conventional neuroleptic agents. In a 6-wk placebo- and haloperidol (HAL)-controlled trial with 335 randomized subjects with chronic schizophrenia in an acute exacerbation, three fixed dose ranges of OLZ (5, 10, or 15 ± 2.5 mg) were evaluated vs. HAL (10-20 mg) or placebo. Baseline to endpoint change in the Brief Psychiatric Rating Scale including the anxiety-depression cluster (items 1, 2, 5, 9) was analyzed. Two dose ranges of OLZ (10 ± 2.5, 15 ± 2.5) were superior to placebo ($p < .05$) in improving mood status, whereas HAL was not. Contributions from a more selective meso-limbic dopaminergic profile, D1 or D4 activity, the release of dopamine/norepinephrine in the prefrontal cortex, and/or serotonin 5-HT2A,C antagonism may explain the differential benefit seen with OLZ in the treatment of comorbid anxious and depressive symptoms in schizophrenia.
AN 1998:373967 HCAPLUS <<LOGINID::20100601>>
DN 129:117695
OREF 129:23985a,23988a
TI A double-blind, controlled comparison of the novel antipsychotic olanzapine versus haloperidol or placebo on anxious and depressive symptoms accompanying schizophrenia
AU Tollefson, Gary D.; Sanger, Todd M.; Beasley, Charles M.; Tran, Pierre V.
CS Lilly Research Laboratories, Eli Lilly and Company, Indianapolis, IN, 46285, USA
SO Biological Psychiatry (1998), 43(11), 803-810
CODEN: BIPCBF; ISSN: 0006-3223
PB Elsevier Science Inc.
DT Journal
LA English
OSC.G 41 THERE ARE 41 CAPLUS RECORDS THAT CITE THIS RECORD (41 CITINGS)
RE.CNT 53 THERE ARE 53 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L15 ANSWER 49 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN
TI Thyroid parameters during therapy with zotepine in delusional depression: preliminary results
AB There are only few data on the effects of atypical neuroleptics on thyroid function. In an open pilot study of 12 inpatients with delusional depression, thyroid hormone levels and TRH-TSH test were determined during neuroleptic treatment with zotepine. No significant changes in triiodothyronine (T3), thyroxine (T4) and delta-TSH levels were found in this observation period (28 days).
AN 1998:266943 HCAPLUS <<LOGINID::20100601>>
DN 129:23598
OREF 129:4915a,4918a

TI Thyroid parameters during therapy with zotepine in delusional depression: preliminary results
AU Konig, Frank; Hauger, Barbara; Barg, Thomas; Wolfersdorf, Manfred
CS Depression Unit, Weissenau Psychiatric Center, Department of Psychiatry I, University of Ulm, Ravensburg, D-88214, Germany
SO Neuropsychobiology (1998), 37(2), 88-90
CODEN: NPBYAL; ISSN: 0302-282X
PB S. Karger AG
DT Journal
LA English
OSC.G 2 THERE ARE 2 CAPLUS RECORDS THAT CITE THIS RECORD (2 CITINGS)
RE.CNT 23 THERE ARE 23 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L15 ANSWER 50 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN
TI Blood biogenic amines during clozapine treatment of early-onset schizophrenia
AB The aims of this investigation were to evaluate long-term and short-term effects of clozapine-treatment on plasma biogenic amines and psychopathol. measures in adolescents with schizophrenia (DSM-III-R criteria). The long-term study was conducted in a study sample of 40 young patients (age 14-22 yr) following a mean of 3.4 yr of neuroleptic treatment. During the study, 20 patients received clozapine, and the other 20 patients were treated with standard neuroleptic medications. At the beginning of the open clin. trials, the patients had already been receiving clozapine treatment for 24 + 15 mo. Assessment of the biochem. and psychopathol. measures was performed on six occasions at consecutive 6-wk intervals during maintenance treatment with clozapine or conventional neuroleptics. Blood levels of serotonin, 3-methoxy-4-hydroxy-phenylglycol (MHPG), norepinephrine, and epinephrine were significantly higher in clozapine-treated patients than in conventionally treated patients. During long-term treatment, higher serotonin levels were associated with significantly fewer neg. symptoms of schizophrenia, whereas higher MHPG levels were correlated with less depression. The short-term effects of clozapine were assessed in a second and independent study sample. After failing on conventional neuroleptics in clin. trials lasting a mean of 1.6 yr, 15 inpatients (aged 11-20 yr) received clozapine. Weekly ratings of psychopathol. symptoms using standard rating scales were performed in parallel to blood samplings for measurements of biogenic amines and serum levels of clozapine. These measures were obtained for 6 wk during conventional neuroleptic treatment and for 6 wk during the open-label clozapine trial. Serum levels of serotonin and plasma norepinephrine levels were significantly higher during treatment with clozapine than during pretreatment with typical neuroleptics. A comparison of plasma epinephrine levels in responders (n = 7) and nonresponders (n = 8) to clozapine revealed that response to clozapine can be predicted by epinephrine levels prior to initiation of treatment with clozapine (responders ranging from 32.2 to 90.3 pg/mL; nonresponders ranging from 92.5 to 473.5 pg/mL). Addnl., subjects who responded to clozapine showed increased mean plasma concns. of MHPG and epinephrine during treatment with this drug in comparison to the levels measured during pretreatment with typical neuroleptic medication. Nonresponders to clozapine failed to show this increase. Finally, in responders to clozapine a neg. linear relationship between neg. symptoms of schizophrenia and the concns. of plasma norepinephrine and serum serotonin were observed In conclusion, our results demonstrate that plasma epinephrine levels prior to initiation of clozapine therapy predict response to this atypical neuroleptic. Our findings derived from short-term and maintenance treatment with clozapine suggest involvement of norepinephrine, epinephrine and serotonin in the therapeutic actions of the atypical neuroleptic clozapine.

AN 1998:144787 HCAPLUS <<LOGINID::20100601>>
DN 128:239382
OREF 128:47237a,47240a
TI Blood biogenic amines during clozapine treatment of early-onset schizophrenia
AU Schulz, E.; Fleischhaker, C.; Clement, H.-W.; Remschmidt, H.
CS Departments of 'Child and Adolescent Psychiatry, Philipps-University, Marburg, Germany
SO Journal of Neural Transmission (1997), 104(10), 1077-1089
CODEN: JNTRF3; ISSN: 0300-9564
PB Springer-Verlag Wien
DT Journal
LA English
OSC.G 10 THERE ARE 10 CAPLUS RECORDS THAT CITE THIS RECORD (10 CITINGS)
RE.CNT 52 THERE ARE 52 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L15 ANSWER 51 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN
TI The effects of risperidone on the five dimensions of schizophrenia derived by factor analysis: combined results of the North American trials
AB In 2 double-blind trials conducted in North America, 513 patients with chronic schizophrenia received risperidone, haloperidol, or placebo. In the present study, combined data from the 2 trials were analyzed. Patients were randomly assigned to receive placebo, risperidone (2, 6, 10, and 16 mg/day), or haloperidol (20 mg/day) for 8 wk. Factor anal. of scores on the Pos. and Neg. Syndrome Scale (PANSS) produced 5 dimensions (neg. symptoms, pos. symptoms, disorganized thought, uncontrolled hostility/excitement, and anxiety/depression), similar to the 5 dimensions of previous factor-analytic studies of PANSS data. Mean changes (symptom redns.) in PANSS factor scores from basal values to treatment weeks 6 and 8 were greater in patients receiving 6-16 mg risperidone/day than in patients receiving placebo or haloperidol. The advantages of risperidone were greatest for neg. symptoms, uncontrolled hostility/excitement, and anxiety/depression. Even at the lowest dose, 2 mg/day, risperidone was superior to haloperidol in reducing neg. symptoms. The differences in outcomes between the effects of risperidone and haloperidol on PANSS scores were not related to extrapyramidal symptoms. Risperidone produced greater improvements than haloperidol on all 5 dimensions. The large between-group differences in effect on neg. symptoms, hostility/excitement, and anxiety/depression suggest that risperidone and other serotonin /dopamine antagonists have qual. different effects from those of conventional antipsychotic agents.
AN 1998:60811 HCAPLUS <<LOGINID::20100601>>
DN 128:200905
OREF 128:39583a,39586a
TI The effects of risperidone on the five dimensions of schizophrenia derived by factor analysis: combined results of the North American trials
AU Marder, Stephen R.; Davis, John M.; Chouinard, Guy
CS West Los Angeles Veterans Affairs Medical Center, Los Angeles, CA, 90037, USA
SO Journal of Clinical Psychiatry (1997), 58(12), 538-546
CODEN: JCLPDE; ISSN: 0160-6689
PB Physicians Postgraduate Press
DT Journal
LA English
OSC.G 104 THERE ARE 104 CAPLUS RECORDS THAT CITE THIS RECORD (104 CITINGS)
RE.CNT 33 THERE ARE 33 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L15 ANSWER 52 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN

TI Olanzapine-pharmacology and clinical evaluation of a new atypical antipsychotic
AB A review with 47 refs. Olanzapine is one of a number of newer " atypical" antipsychotic agents which are emerging from attempts to find better tolerated and more effective drugs in the treatment of schizophrenia. It has structural and pharmacol. similarities to the atypical antipsychotic clozapine, the first agent to demonstrate significant therapeutic advantages over standard antipsychotic agents. Preclin. studies found olanzapine to have a broad range of receptor affinities including actions at dopamine and serotonin receptors and were also predictive of its atypical antipsychotic potential. Double-blind controlled trials involving more than 2900 patients have shown it to be an effective antipsychotic which induces low levels of extrapyramidal adverse effects, justifying its atypical status. Addnl. benefits suggested include efficacy in reducing neg. symptoms and a favorable effect on comorbid depressive symptoms. It has been found to be well tolerated with a relatively low tendency to cause sustained elevations in serum prolactin levels. No major adverse events have been reported. While olanzapine appears to offer advantages compared with standard antipsychotics, use in clin. practise and further trials are required to clarify its full therapeutic potential.
AN 1997:738168 HCAPLUS <<LOGINID::20100601>>
DN 128:29960
OREF 128:5725a,5728a
TI Olanzapine-pharmacology and clinical evaluation of a new atypical antipsychotic
AU Weaver, Mark G.
CS Department of Psychological Medicine, St Bartholomew's Hospital, London, EC1A 7BE, UK
SO Journal of Serotonin Research (1997), 4(2), 145-157
CODEN: JSRRER; ISSN: 1350-7702
PB Euroscience Press
DT Journal; General Review
LA English
OSC.G 4 THERE ARE 4 CAPLUS RECORDS THAT CITE THIS RECORD (4 CITINGS)
RE.CNT 47 THERE ARE 47 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L15 ANSWER 53 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN
TI Ziprasidone
AB A review with 24 refs. Ziprasidone is a novel antipsychotic drug. It has high affinity for serotonin 5-HT2 and dopamine D2 receptors in vitro, with an 11-fold higher affinity for 5-HT2 than for D2 receptors, suggestive of a low potential for inducing motor disturbance [including extrapyramidal symptoms (EPS)]. The effects of ziprasidone in receptor binding studies reflected its in vitro pharmacol., with more potent effects against 5-HT2 receptor-than against D2 receptor-mediated behavior. Because ziprasidone inhibits serotonin (5-hydroxytryptamine; 5-HT) and noradrenaline (norepinephrine) reuptake, it may have anxiolytic and antidepressant effects. Data from phase II and III clin. trials have shown ziprasidone to be effective in reducing the pos. and neg. symptoms of, and depression associated with, schizophrenia, and in reducing anxiety in patients about to undergo dental surgery. Ziprasidone was generally well tolerated in phase II and III clin. trials, with somnolence and nausea being the most frequently reported adverse events in placebo-controlled studies. Motor disturbances, including EPS, were infrequently observed
AN 1997:593623 HCAPLUS <<LOGINID::20100601>>
DN 127:242699
OREF 127:47191a,47194a

TI Ziprasidone
AU Davis, Rick; Markham, Anthony
CS Adis International Limited, Auckland, N. Z.
SO CNS Drugs (1997), 8(2), 153-159
    CODEN: CNDREF; ISSN: 1172-7047
PB Adis
DT Journal; General Review
LA English
OSC.G 15 THERE ARE 15 CAPLUS RECORDS THAT CITE THIS RECORD (15 CITINGS)

L15 ANSWER 54 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN
TI Dosing the antipsychotic medication olanzapine
AB A review with 5 refs. Olanzapine is a new antipsychotic agent with serotonin/dopamine antagonism action. Efficacy in treating overall psychopathol. in acute schizophrenia as measured by the BPRS0-6 total score was demonstrated at 10 mg/day vs. placebo; at doses in a 5-20 mg/day range, olanzapine was comparable or superior to haloperidol. Superior efficacy for neg. and depressive symptoms was shown in comparison to haloperidol. Olanzapine has a favorable acute and tardive extrapyramidal symptom profile relative to haloperidol and caused substantially less elevation of serum prolactin. Dose-related weight gain and asymptomatic mild transaminase elevations occurred in olanzapine-treated patients.
AN 1997:567795 HCAPLUS <<LOGINID::20100601>>
DN 127:214477
OREF 127:41537a
TI Dosing the antipsychotic medication olanzapine
AU Nemeroff, Charles B.
CS Department of Psychiatry and Behavioral Sciences, Emory University School of Medicine, Atlanta, GA, 30322, USA
SO Journal of Clinical Psychiatry (1997), 58(Suppl. 10), 45-49
    CODEN: JCLPDE; ISSN: 0160-6689
PB Physicians Postgraduate Press
DT Journal; General Review
LA English
OSC.G 9 THERE ARE 9 CAPLUS RECORDS THAT CITE THIS RECORD (9 CITINGS)

L15 ANSWER 55 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN
TI Method for treating depression
AB The invention provides a method for treating depressive signs and symptoms comprising administering an effective amount of 2-methyl-4-(4-methyl-1-piperazinyl)-10H-thieno[2,3-b][1,5]benzodiazepine to a patient in need thereof.
AN 1997:503273 HCAPLUS <<LOGINID::20100601>>
DN 127:126642
OREF 127:24313a,24316a
TI Method for treating depression
IN Tollefson, Gary D.
PA Eli Lilly and Company, USA; Tollefson, Gary D.
SO PCT Int. Appl., 11 pp.
    CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	WO 9723220	A1	19970703	WO 1996-US19574	19961204 <--
	W: AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CU, CZ, DE, DK, EE, ES, FI, GB, GE, HU, IL, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, TJ, TM, TR, TT, UA, UG, US, UZ, VN				

RW: KE, LS, MW, SD, SZ, UG, AT, BE, CH, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, ML, MR, NE, SN, TD, TG

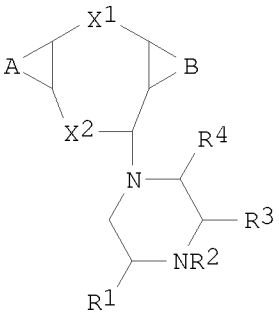
CA	2241153	A1	19970703	CA 1996-2241153	19961204 <--
AU	9712847	A	19970717	AU 1997-12847	19961204 <--
AU	705834	B2	19990603		
EP	868185	A1	19981007	EP 1996-943660	19961204 <--
	R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, PT, IE				
CN	1205637	A	19990120	CN 1996-199221	19961204 <--
HU	9903684	A2	20000328	HU 1999-3684	19961204 <--
HU	9903684	A3	20011228		
NZ	325036	A	20010629	NZ 1996-325036	19961204 <--
US	5958921	A	19990928	US 1998-91539	19980618 <--
NO	9802911	A	19980622	NO 1998-2911	19980622 <--
PRAI US	1995-9173P	P	19951222 <--		
WO	1996-US19574	W	19961204 <--		

ASSIGNMENT HISTORY FOR US PATENT AVAILABLE IN LSUS DISPLAY FORMAT
OSC.G 1 THERE ARE 1 CAPLUS RECORDS THAT CITE THIS RECORD (1 CITINGS)
RE.CNT 1 THERE ARE 1 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

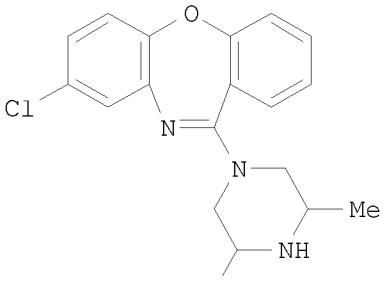
L15 ANSWER 56 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN
TI Risperidone dose-dependently increases extracellular concentrations of serotonin in the rat frontal cortex: role of α2-adrenoceptor antagonism
AB We have previously shown that risperidone, an antipsychotic drug with high affinity for 5-hydroxytryptamine (5-HT)2A and dopamine (DA)2 receptors, as well as for α1-and α2-adrenoceptors, enhances 5-HT metabolism selectivity in the rat frontal cortex (FC). To further study the influence of risperidone on central 5-HT systems, we compared its effects on dialyzate 5-HT in the FC, as assessed by microdialysis, with those obtained with other antipsychotic drugs, i.e., clozapine, haloperidol, and amperozide, as well as with the selective α2- or 5-HT2A receptor antagonists idazoxan or MDL 100,907, resp. The underlying mechanism for risperidone's effect on 5-HT output in the FC was also investigated using single-cell recording in the dorsal raphe nucleus (DRN). Administration of risperidone (0.2, 0.6, and 2.0 mg/kg, SC) dose-dependently increased 5-HT levels in the FC. This stimulatory action was mimicked by amperozide (10 mg/kg, SC) and, to some extent, by idazoxan (0.25 mg/kg, SC). In contrast, clozapine (10 mg/kg, SC), haloperidol (2.0 mg/kg, SC), and MDL 100,907 (1.0 mg/kg, SC) exerted only minor effects on 5-HT output in brain. Local administration of risperidone or idazoxan (1.0-1000 μmol/L) in the FC dose-dependently increased dialyzate levels of 5-HT in this region. On the other hand, risperidone (25-800 μg/kg, IV) dose-dependently decreased the firing rate of 5-HT cells in the DRN, an effect that was largely antagonized by pretreatment with the selective 5-HT1A receptor antagonist WAY 100,635 (5.0 μg/kg, IV). These results indicate that the risperidone-increased 5-HT output in the FC may be related to its α2-adrenoceptor antagonistic action, a property shared with both amperozide and idazoxan, and that this action probably is executed at the nerve terminal level. The inhibition of 5-HT cell firing by risperidone is probably secondary to increased 5-HT availability, e.g., in the DRN, since it could be antagonized by a 5-HT1A receptor antagonist. The enhanced 5-HT output in the FC by risperidone may be of particular relevance for the treatment of schizophrenia when associated with depression and in schizoaffective disorder.
AN 1997:408932 HCAPLUS <<LOGINID::20100601>>
DN 127:90420
OREF 127:17233a,17236a
TI Risperidone dose-dependently increases extracellular concentrations of serotonin in the rat frontal cortex: role of α2-adrenoceptor

antagonism
AU Hertel, Peter; Nomikos, George G.; Schilstroem, Bjoern; Arborelius, Lotta; Svensson, Torgny H.
CS Department of Physiology and Pharmacology, Division of Pharmacology, Karolinska Institutet, Stockholm, S-171 77, Swed.
SO Neuropsychopharmacology (1997), 17(1), 44-55
CODEN: NEROEW; ISSN: 0893-133X
PB Elsevier
DT Journal
LA English
OSC.G 44 THERE ARE 44 CAPLUS RECORDS THAT CITE THIS RECORD (44 CITINGS)
RE.CNT 62 THERE ARE 62 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L15 ANSWER 57 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN
TI Preparation of (piperazinyl)dibenzoxazepines as 5-HT2 receptor ligands
GI



I



II

AB The piperazine derivs, I (A, B = ring-forming group; X1 = O, S, etc.; X2 = imino, methine, carbonyl, etc.; R1 = alkyl, etc.; R2, R3, R4 = H, alkyl) were disclosed as 5-HT2 receptor-selective compds. The compds. I are analogs of clozapine. The use of I in the serotonin 5-HT2 receptor identification and use in drug screening programs and as pharmaceuticals to treat indications in which the 5-HT2 receptor is implicated, such as hypertension, thrombosis, migraine, vasospasm, ischemia, depression, anxiety, schizophrenia, sleep disorders and appetite disorders were also described.
AN 1996:473238 HCAPLUS <<LOGINID::20100601>>
DN 125:142796
OREF 125:26741a
TI Preparation of (piperazinyl)dibenzoxazepines as 5-HT2 receptor ligands
IN Tehim, Ashok; Fu, Jian-Min; Rakhit, Sumanas
PA Allelix Biopharmaceuticals Inc., Can.
SO PCT Int. Appl., 27 pp.
CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 1

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI WO 9618629	A1	19960620	WO 1995-IB1111	19951208 <--

W: AL, AM, AT, AU, BB, BG, BR, BY, CA, CH, CN, CZ, DE, DK, EE, ES, FI, GB, GE, HU, IS, JP, KE, KG, KP, KR, KZ, LK, LR, LT, LU, LV,

MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, TJ
RW: KE, LS, MW, SD, SZ, UG, AT, BE, CH, DE, DK, ES, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, ML, MR, NE, SN, TD, TG

US 5602124	A	19970211	US 1994-354765	19941212	<--
CA 2207613	A1	19960620	CA 1995-2207613	19951208	<--
AU 9539348	A	19960703	AU 1995-39348	19951208	<--
US 5824676	A	19981020	US 1996-763255	19961210	<--
PRAI US 1994-354765	A	19941212 <--			
WO 1995-IB1111	W	19951208 <--			

ASSIGNMENT HISTORY FOR US PATENT AVAILABLE IN LSUS DISPLAY FORMAT
OS MARPAT 125:142796
OSC.G 13 THERE ARE 13 CAPLUS RECORDS THAT CITE THIS RECORD (18 CITINGS)
RE.CNT 3 THERE ARE 3 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L15 ANSWER 58 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN
TI Risperidone therapy in treatment refractory acute bipolar and schizoaffective mania
AB This pilot study evaluated the efficacy of risperidone therapy in patients with bipolar I or schizoaffective mania who were treatment resistant or treatment intolerant. Patient psychopathol. and involuntary movements were evaluated with a variety of scales, and risperidone was administered on an open-label basis. Five of six patients (all bipolar) discontinued risperidone therapy because of adverse drug effects (2 patients), lack of significant drug response and subjective clin. worsening (1 patient), or worsening of manic symptoms (2 patients). One patient with schizoaffective illness improved. Risperidone used without the addition of a mood stabilizer was ineffective in treating pure manic psychosis. In some vulnerable bipolar patients, risperidone monotherapy may have antidepressant activity that could exacerbate mania. If risperidone proves to have antidepressant activity, it may become an important agent in the therapy of patients with depressive symptoms and psychosis.
AN 1996:426696 HCAPLUS <<LOGINID::20100601>>
DN 125:76241
OREF 125:14275a,14278a
TI Risperidone therapy in treatment refractory acute bipolar and schizoaffective mania
AU Sajatovic, Martha; DiGiovanni, Sue Kim; Bastani, Bijan; Hattab, Helen; Ramirez, Luis F.
CS Medical Center, Cleveland Veterans Administration, Cleveland, OH, 44141, USA
SO Psychopharmacology Bulletin (1996), 32(1), 55-61
CODEN: PSYBB9; ISSN: 0048-5764
PB U.S. Dep. of Health and Human Services
DT Journal
LA English
OSC.G 29 THERE ARE 29 CAPLUS RECORDS THAT CITE THIS RECORD (29 CITINGS)

L15 ANSWER 59 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN
TI Risperidone: regional effects in vivo on release and metabolism of dopamine and serotonin in the rat brain
AB The antipsychotic drug risperidone shows high affinity for both central serotonin (5-HT)2A and dopamine (DA)-D2 receptors in vivo. By employing microdialysis in freely moving rats, the effects of acute risperidone administration on regional brain DA and 5-HT release and metabolism were compared with the corresponding effects of the atypical antipsychotic drug clozapine as well as amperozide, the selective DA-D2 receptor antagonist raclopride and the

selective 5-HT2A/5-HT2C receptor antagonist ritanserin. Risperidone (0.2 or 2.0 mg/kg, SC) was found to increase DA release and metabolism to about the same extent in three major projection areas of the mesotelencephalic dopaminergic system, i.e. the nucleus accumbens (NAC), the medial prefrontal cortex (MPC) and the lateral striatum (STR). In contrast, clozapine and amperozide (both 10.0 mg/kg, SC), as well as raclopride (2.0 mg/kg, SC), were all found differentially to affect DA release and metabolism in three projections areas. Specifically, clozapine and amperozide enhanced DA release in the MPC to a greater extent than in the NAC or the STR, whereas raclopride instead preferentially increased DA release in the NAC and the STR but not the MPC. Ritanserin (3.0 mg/kg, SC) did not exert any major effects on DA metabolism in the three areas studied. In contrast to the regionally rather homogeneous activation of brain DA systems caused by risperidone, the drug was found to enhance brain 5-HT metabolism preferentially in the MPC, as indicated by the elevated extracellular concentration of 5-hydroxyindoleacetic acid (5-HIAA) in this region. A similar elevation of the 5-HIAA level in the MPC was observed after amperozide and, to some extent, after clozapine and ritanserin administration. The risperidone-induced (2.0 mg/kg, SC) elevation of 5-HIAA concns. in the frontal cortex was paralleled by an increased 5-HT release in brain area. Consequently, the authors' findings demonstrated pharmacol. profile of risperidone, as reflected brain DA metabolism, in between that of clozapine and the Da-D2 antagonists. The preferential activation of 5-HT release and metabolism in frontal cortical areas might be of particular relevance for the ameliorating effect of risperidone on neg. symptoms in schizophrenia, especially when associated with depression.

AN 1996:355768 HCAPLUS <<LOGINID::20100601>>
DN 125:49065
OREF 125:9185a,9188a
TI Risperidone: regional effects in vivo on release and metabolism of dopamine and serotonin in the rat brain
AU Hertel, Peter; Nomikos, Geroge G.; Iurlo, Marina; Svensson, Torgny H.
CS Dep. Physiol. Pharmacol., Karolinska Inst., Stockholm, S-171 77, Swed.
SO Psychopharmacology (Berlin) (1996), 124(1/2), 74-86
CODEN: PSCHDL; ISSN: 0033-3158
PB Springer
DT Journal
LA English
OSC.G 73 THERE ARE 73 CAPLUS RECORDS THAT CITE THIS RECORD (74 CITINGS)

L15 ANSWER 60 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN
TI α2-Adrenoreceptor antagonism may contribute to the atypical properties of risperidone: Experimental support for the Nutt case
AB The therapeutic efficacy and reduction in side effects claimed for new antischizophrenic drugs such as clozapine and risperidone have been ascribed to their heightened affinity for serotonin 5-HT2 receptors rather than D-2 receptors. D. J. Nutt (1994) questioned the proposed role of 5-HT2 receptors, and focused instead on the possible contribution of α2-adrenoreceptor antagonism. The authors have confirmed that at least one atypical property of risperidone (a rapid decrement in its ability to depress self-stimulation) can be partly prevented by an α2-adrenoreceptor agonist (clonidine) but not by a 5-HT2 receptor agonist (DOI). This result supports the suggested role of α2-adrenoreceptor antagonism in counteracting extrapyramidal effects during treatment with risperidone.

AN 1995:940156 HCAPLUS <<LOGINID::20100601>>
DN 124:45460
OREF 124:8351a,8354a
TI α2-Adrenoreceptor antagonism may contribute to the atypical properties of risperidone: Experimental support for the Nutt case
AU Herberg, L. J.; Montgomery, A. M. J.; Grottick, A. J.

CS Institute Neurology, London, WC1N 3BG, UK
SO Journal of Psychopharmacology (Oxford) (1995), 9(3), 281-3
CODEN: JOPSEQ; ISSN: 0269-8811
PB Oxford University Press
DT Journal
LA English
OSC.G 7 THERE ARE 7 CAPLUS RECORDS THAT CITE THIS RECORD (7 CITINGS)

L15 ANSWER 61 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN
TI Clozapine acts as a 5-HT2 antagonist by attenuating DOI-induced inhibition of male rat sexual behavior
AB Evidence has been reported that clozapine may derive part of its therapeutic effects in treatment of resistant schizophrenic patients by interacting with the serotonin system. Among the few behavioral models available to test the hypothesis of an interaction of clozapine with 5-HT2 receptors, male rat sexual behavior is particularly useful, since in this behavior 5-HT1A and 5-HT2 receptors have opposite functions. Stimulation of 5-HT1A receptors facilitates ejaculatory behavior and stimulation of 5-ZHT2 receptors inhibit ejaculation. In the present study, male rat sexual behavior was depressed by treatment with DOI (1.0 mg/kg), a selective 5-HT2 receptor agonist. The depressive effect of DOI was attenuated by the administration of clozapine (0.1-1.0 mg/kg) in doses that by themselves did not significantly affect sexual behavior. It was concluded that clozapine in the male rat sexual behavior model may be interpreted as serving as a 5-HT2 antagonist.
AN 1995:666209 HCAPLUS <<LOGINID::20100601>>
DN 123:74764
OREF 123:13031a,13034a
TI Clozapine acts as a 5-HT2 antagonist by attenuating DOI-induced inhibition of male rat sexual behavior
AU Klint, T.; Larsson, K.
CS Dep. of Psychology, Univ. of Goeteborg, Goeteborg, S-41314, Swed.
SO Psychopharmacology (Berlin) (1995), 119(3), 291-4
CODEN: PSCHDL; ISSN: 0033-3158
PB Springer
DT Journal
LA English
OSC.G 19 THERE ARE 19 CAPLUS RECORDS THAT CITE THIS RECORD (19 CITINGS)

L15 ANSWER 62 OF 62 HCAPLUS COPYRIGHT 2010 ACS on STN
TI Effects of neuroleptics displaying antidepressant activity on behavior of rats in the forced swimming test
AB Levomepromazine [60-99-1], thioridazine [50-52-2] and cis-chlorprothixene [113-59-7], neuroleptics with antidepressant activity, trans-chlorprothixene [4546-35-4], the therapeutically inactive isomer of chlorprothixene, clozapine [5786-21-0], an atypical neuroleptic, and imipramine [50-49-7], a classical antidepressant , were studied in the forced swimming test in rats after single or chronic administration. Levomepromazine (1.5 mg/kg), clozapine (2.5 and 5.0 mg/kg) and imipramine (10 mg/kg) after single administration, 1 h before the test, shortened the period of the immobility. After chronic administration only imipramine (10 mg/kg orally, twice daily, for 10 days) diminished the immobility. Levomepromazine, thioridazine, cis-chlorprothixene and trans-chlorprothixene (1.5 mg, orally, twice daily, for 10 days), 15-18 h after the last dose did not influence the immobility, although the behavioral parameters in the open field test were not depressed. Thus, the forced swimming test is not a suitable pharmacol. model for revealing antidepressant activities of certain neuroleptics that are useful in treating certain forms of human depression.
AN 1985:534327 HCAPLUS <<LOGINID::20100601>>

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DN   103:134327
OREF 103:21309a,21312a
TI   Effects of neuroleptics displaying antidepressant activity on
     behavior of rats in the forced swimming test
AU   Gorka, Zbigniew; Janus, Krzysztof
CS   Inst. Pharmacol., Pol. Acad. Sci., Krakow, 31-343, Pol.
SO   Pharmacology, Biochemistry and Behavior (1985), 23(2), 203-6
     CODEN: PBBHAU; ISSN: 0091-3057
DT   Journal
LA   English
OSC.G   7     THERE ARE 7 CAPLUS RECORDS THAT CITE THIS RECORD (7 CITINGS)


=> d his


     (FILE 'HOME' ENTERED AT 11:22:58 ON 01 JUN 2010)

     FILE 'REGISTRY' ENTERED AT 11:23:10 ON 01 JUN 2010
L1             1 S ABAPERIDONE/CN
L2            10 S BELAPERIDONE/CN OR CLOZAPINE/CN OR ILOPERIDONE/CN OR OLANZAPI
L3             1 S SERTINDOLE/CN

     FILE 'HCAPLUS' ENTERED AT 11:25:32 ON 01 JUN 2010
L4         15617 S L1/THU OR L2/THU OR L3/THU OR ANTIPSYCHOTIC
L5         99986 S SSRI OR SEROTONIN OR ANTIDEPRESSANT
L6          2906 S L4 AND L5
L7        104387 S DEPRESSION OR MDD OR DEPRESSIVE
L8           843 S L6 AND L7
L9          8483 S L1/THU OR L2/THU OR L3/THU OR (ATYPICAL ANTIPSYCHOTIC) OR ARI
L10         1518 S L5 AND L9
L11          457 S L7 AND L10
L12           89 S L11 AND (PY<2003 OR AY<2003 OR PRY<2003)
L13         9038 S SUICIDE OR SUICIDAL OR SUICIDALITY
L14            5 S L12 AND L13

     FILE 'STNGUIDE' ENTERED AT 11:27:40 ON 01 JUN 2010

     FILE 'HCAPLUS' ENTERED AT 11:28:34 ON 01 JUN 2010
L15           62 S L11 AND (PY<2002 OR AY<2002 OR PRY<2002)

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COST IN U.S. DOLLARS                            SINCE FILE      TOTAL
                                                     ENTRY    SESSION
FULL ESTIMATED COST                                 198.02     304.48

DISCOUNT AMOUNTS (FOR QUALIFYING ACCOUNTS)      SINCE FILE      TOTAL
                                                     ENTRY    SESSION
CA SUBSCRIBER PRICE                                 -52.70     -56.95

 SESSION WILL BE HELD FOR 120 MINUTES
STN INTERNATIONAL SESSION SUSPENDED AT 11:29:40 ON 01 JUN 2010

Connecting via Winsock to STN



Welcome to STN International!  Enter x:X
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PASSWORD:
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SESSION RESUMED IN FILE 'HCAPLUS' AT 11:44:41 ON 01 JUN 2010
FILE 'HCAPLUS' ENTERED AT 11:44:41 ON 01 JUN 2010
COPYRIGHT (C) 2010 AMERICAN CHEMICAL SOCIETY (ACS)

COST IN U.S. DOLLARS                                SINCE FILE      TOTAL
                                                      ENTRY    SESSION
FULL ESTIMATED COST                                  198.02     304.48

DISCOUNT AMOUNTS (FOR QUALIFYING ACCOUNTS)          SINCE FILE      TOTAL
                                                      ENTRY    SESSION
CA SUBSCRIBER PRICE                                  -52.70     -56.95

=> s dopamine and d4
        101729 DOPAMINE
         16193 D4
L16       2105 DOPAMINE AND D4

=> s l9 and l16
L17        219 L9 AND L16

=> s l17 and (PY<2002 or AY<2002 or PRY<2002)
      22006893 PY<2002
       4244485 AY<2002
       3713094 PRY<2002
L18        101 L17 AND (PY<2002 OR AY<2002 OR PRY<2002)

=> s dopamine (3a) d4
        101729 DOPAMINE
         16193 D4
L19       1775 DOPAMINE (3A) D4

=> s l9 and l19
L20        179 L9 AND L19

=> s l20 and (PY<2002 or AY<2002 or PRY<2002)
      22006893 PY<2002
       4244485 AY<2002
       3713094 PRY<2002
L21          75 L20 AND (PY<2002 OR AY<2002 OR PRY<2002)

=> s depression or antidepressant
         99682 DEPRESSION
         25756 ANTIDEPRESSANT
L22     115310 DEPRESSION OR ANTIDEPRESSANT

=> s l21 and l22
L23           3 L21 AND L22

=> d l23 1-3 ti abs bib

L23  ANSWER 1 OF 3  HCAPLUS  COPYRIGHT 2010 ACS on STN
TI   Ziprasidone: a novel antipsychotic agent with a unique human receptor
     binding profile
AB   Ziprasidone is a novel antipsychotic agent with a unique combination of
     pharmacol. activities at human receptors.  Ziprasidone has high affinity
     for human 5-HT receptors and for human dopamine D2 receptors.  Ziprasidone
     is a 5-HT1A receptor agonist and an antagonist at 5-HT2A, 5-HT2C and
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5-HT1B/1D receptors. Addnl., ziprasidone inhibits neuronal uptake of 5-HT and norepinephrine comparable to the antidepressant imipramine. This unique pharmacol. profile of ziprasidone may be related to its clin. effectiveness as a treatment for the pos., neg. and affective symptoms of schizophrenia with a low propensity for extrapyramidal side effects, cognitive deficits and weight gain.

AN 2001:609740 HCAPLUS <<LOGINID::20100601>>

DN 136:477

TI Ziprasidone: a novel antipsychotic agent with a unique human receptor binding profile

AU Schmidt, A. W.; Lebel, L. A.; Howard, H. R.; Zorn, S. H.

CS Groton Laboratories, CNS Discovery, Pfizer Global Research and Development, Groton, CT, 06340-1596, USA

SO European Journal of Pharmacology (2001), 425(3), 197-201
CODEN: EJPHAZ; ISSN: 0014-2999

PB Elsevier Science B.V.

DT Journal

LA English

OSC.G 83 THERE ARE 83 CAPLUS RECORDS THAT CITE THIS RECORD (83 CITINGS)

RE.CNT 12 THERE ARE 12 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L23 ANSWER 2 OF 3 HCAPLUS COPYRIGHT 2010 ACS on STN

TI Methods and compositions for the treatment of neuroleptic and related disorders using sertindole derivatives

AB The invention relates to novel methods using, and pharmaceutical compns. and dosage forms comprising, sertindole derivs. Sertindole derivs. include, but are not limited to, nor-sertindole, 5-oxo-sertindole, dehydro-sertindole, and dehydro-nor-sertindole. The methods of the invention are directed to the treatment and prevention of neuroleptic and related disorders such as, but are not limited to, psychotic disorders, depression, anxiety, substance addiction, memory impairment and pain. For example, capsules were prepared containing a sertindole derivative 50.0
mg, lactose 48.5 mg, TiO2 0.5 mg, and Mg stearate 1.0 mg.

AN 2000:861482 HCAPLUS <<LOGINID::20100601>>

DN 134:32977

TI Methods and compositions for the treatment of neuroleptic and related disorders using sertindole derivatives

IN Jerussi, Thomas P.

PA Sepracor Inc., USA

SO PCT Int. Appl., 33 pp.
CODEN: PIXXD2

DT Patent

LA English

FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	WO 2000072837	A2	20001207	WO 2000-US14984	20000531 <--
	WO 2000072837	A3	20010517		
	W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CR, CU, CZ, DE, DK, DM, DZ, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
	RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
	US 6489341	B1	20021203	US 2000-580492	20000530 <--
PRAI	US 1999-137447P	P	19990602 <--		

US 2000-580492 A 20000530 <--
ASSIGNMENT HISTORY FOR US PATENT AVAILABLE IN LSUS DISPLAY FORMAT
OSC.G 2 THERE ARE 2 CAPLUS RECORDS THAT CITE THIS RECORD (2 CITINGS)
RE.CNT 3 THERE ARE 3 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L23 ANSWER 3 OF 3 HCAPLUS COPYRIGHT 2010 ACS on STN
TI Olanzapine: interaction study with imipramine
AB Olanzapine is an "atypical" antipsychotic agent with a high affinity for serotonin 5HT2A/C, 5HT3, 5HT6, and dopamine D1, D2, D3, D4 receptors. Depressed patients with psychotic disorders frequently require treatment with concomitant antipsychotic and antidepressant medications. Imipramine pharmacokinetics serve as a marker for hepatic CYP2D6, CYP1A2, CYP3A activity. An open-label, three-way randomized crossover study was done to determine the safety, pharmacokinetics, and potential for a drug interaction between olanzapine (5 mg) and imipramine (75 mg). Each drug was administered alone and in combination. Nine healthy men, ages 32 to 54 yr, enrolled in the study. Psychomotor performance capacities, plasma olanzapine, imipramine, desipramine concns., and clin. laboratory tests were measured. Pharmacokinetic variables, vital signs, subjective tests for liveliness, and psychomotor outcomes were analyzed using a two-way ANOVA. Olanzapine was safe. Sedation, postural hypotension, and minor vital sign alterations occurred during all treatments. On the liveliness questionnaire, patients generally reported poorer (less lively) scores with olanzapine alone or coadministered with imipramine vs. baseline scores. These effects disappeared within 24 h after administration. Olanzapine alone and in combination decreased motor-speed tasks (finger tapping and visual-arm random reach) compared with base-line or imipramine treatment. Peak 6-h changes were statistically significant but clin. importance was only marginal. Olanzapine did not affect the kinetics of imipramine or desipramine and, therefore, did not show a metabolic drug interaction involving CYP2D6.
AN 1997:748043 HCAPLUS <<LOGINID::20100601>>
DN 128:57351
OREF 128:11074h,11075a
TI Olanzapine: interaction study with imipramine
AU Callaghan, John T.; Cerimele, Benito J.; Kassahun, Kelem J.; Nyhart, Eldon H.; Hoyes-Beehler, Pamela J.; Kondraske, George V.
CS Lilly Laboratory for Clinical Research, Department of Medicine and Pharmacology, Wishard Memorial Hospital and Indiana University Medical School, Indianapolis, IN, 46202, USA
SO Journal of Clinical Pharmacology (1997), 37(10), 971-978
CODEN: JCPCBR; ISSN: 0091-2700
PB Lippincott-Raven
DT Journal
LA English
OSC.G 15 THERE ARE 15 CAPLUS RECORDS THAT CITE THIS RECORD (15 CITINGS)
RE.CNT 18 THERE ARE 18 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT